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| Case Number: | CM15-0116737 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 07/23/2012 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female with an industrial injury dated 07/23/2012. Her diagnoses included pain in limb and osteoarthritis. Prior treatment included physical therapy (20 sessions), joint arthrodesis of right foot, pain medication, right foot surgery and cortisone injections. Comorbid diagnoses included thyroid disease. She presents on 06/05/2015 for follow up visit and for medication refill. She continued to have pain in her right foot and ankle. She noted her current regimen was not working for her noting that Oxycontin was not lasting long enough. She noted she was tolerating the medications well and denied side effects. She reported her pain as 7/10 with medication. She described the pain as shooting, sharp, cutting and throbbing with pins and needles. She noted no relief from surgery or physical therapy. She was back at work full time. Physical exam noted tenderness over the scar area with moderate to severe pain in her big toe toward the distal end of the toe. Examination of her toe revealed diminished range of motion. She could not toe walk on the right. The incision was tender to touch without any dyesthesia or hyperalgesia. Distal pulses were present and not comprised. Her medications include Gabapentin, Oxycontin, Celebrex, Estradiol, Levoxyl, Lidocaine patch and Percocet. The treatment plan included an increase Oxycontin, continue Percocet, increase Celebrex, increase Neurontin and orthotics/SAS shoes. The request for Neurontin 600 mg # 90, Oxycontin CR 20 mg # 60 and Percocet 10/325 mg # 60 were authorized. The treatment request for review was for Celebrex 200 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex for long term without significant improvement. The patient continued to report back pain. Therefore, the prescription of Celebrex 200mg #60 is not medically necessary.