

Case Number:	CM15-0119501		
Date Assigned:	06/30/2015	Date of Injury:	04/28/2012
Decision Date:	07/30/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 28, 2012. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for Celebrex. The claims administrator referenced an RFA form received on May 8, 2015 in its determination. An April 9, 2015 progress note was also referenced. The applicant's attorney subsequently appealed. On October 16, 2014, it was acknowledged that the applicant was unemployed. Ongoing complaints of low back pain radiating to the left leg were reported. The applicant had received a recent epidural steroid injection, it was acknowledged. Duexis was endorsed. There was no mention of the applicant having any issues with reflux, heartburn, or dyspepsia, either in the body of the report or in the review of systems section of the same. On February 12, 2015, the applicant again reported multifocal complaints of low back, ankle, and leg pain. The applicant was using a lumbar support. The applicant was unemployed, it was reported. Relafen and phentermine were endorsed. Once again, there was no mention of the applicant having issues with reflux, heartburn, and/or dyspepsia on this date. On April 9, 2015, the applicant again reported ongoing complaints of low back and ankle pain. It was stated that Celebrex was being introduced on the grounds that Duexis had previously been denied. The attending provider stated that the applicant was "very sensitive to NSAIDs" with a severe GI reaction appreciated with the same. Somewhat incongruously, the attending provider then stated, in another section of the note, that he would employ Relafen on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at high risk of developing GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into its choice of recommendations. Here, however, the progress note of April 9, 2015 on which Celebrex was endorsed was, at times, internally inconsistent and difficult to follow. The attending provider stated in one section of the note that he was introducing Celebrex for the first time, while another section of the note stated that Relafen was being introduced on that date. The attending provider did not, thus, reconcile his statements to the effect that the applicant had developed GI complications with other NSAIDs with a subsequent decision to prescribe two different NSAIDs, Celebrex and Relafen. Therefore, the request was not medically necessary.