

Case Number:	CM15-0121458		
Date Assigned:	07/02/2015	Date of Injury:	07/25/2007
Decision Date:	09/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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 York

Certification(s)/Specialty: Emergency 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 35-year-old female, who sustained an industrial injury on 07/25/2007. She has reported subsequent low back pain with numbness in the lower extremities, right wrist and thumb pain and was diagnosed with cervical sprain, cervical radiculopathy, and postlaminectomy syndrome of the lumbar region, lumbago, cauda equina syndrome, neurogenic bladder and bowel and right thumb pain with history of de Quervain's and tendon release. Treatment to date has included medication, physical therapy, occupational therapy, acupuncture, compression glove, surgery and a functional restoration program. In an agreed medical evaluation dated 05/18/2015 the injured worker complained of aching pain in the mid to low back with a burning and stabbing sensation, pins and needle and numbing sensations down the medial legs, on the left to the level of the knee and the right to the level of the foot and aching, burning and stabbing pain along the right lateral arm. Pain was rated as 6-9/10 on the visual analog pain scale (VAS). Objective findings were notable for decreased range of motion of the lumbar spine and slightly decreased wrist extension on the right side and diminished discrimination to pinprick over the right more than left L4, S2 and S3 dermatomes and right lateral hand crossing the radial and median nerve distributions. Work status was modified and the physician noted that the injured worker was unable to return to her job. The physician noted that due to involvement in the functional restoration program, Methadone dose was significantly tapered from 70 mg/day to 10-15 mg day. The physician also noted weight loss, return of menstruation and improved sleep. The injured worker was noted to be taking Motrin however, as per the physician; this was not authorized so it was not currently being used. A request for authorization of Celebrex 100 mg #60 with 1 refill was submitted. The reason for the request is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAID's specific drug list Page(s): 30, 70.

Decision rationale: Celebrex (Celecoxib) is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In this case, the submitted documentation shows that the injured worker had been prescribed Motrin for pain since at least 12/03/2014. The injured worker's Methadone was being weaned. All medications were noted to be working well and the injured worker was progressing in a functional restoration program. There was no explanation as to the reason for the request for Celebrex and no indication that the injured worker was at risk for GI complications. Therefore, the request for authorization of Celebrex 100 mg #60 with 1 refill is not medically necessary.