

Case Number:	CM15-0125730		
Date Assigned:	07/16/2015	Date of Injury:	07/12/2014
Decision Date:	08/11/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 58 year-old female who sustained an industrial injury on 07/12/14. She reported low back back pain. Diagnoses include lumbar stenosis, and disc bulge. Diagnostic testing and treatments to date have included EMG/NCV, and pain medication management. Currently, the injured worker complains of constant, severe, sharp, burning lumbar pain rated as a 9 on a 10 point pain scale; the pain radiates to bilateral legs with numbness, tingling, and weakness. The pain is relieved with medication. Physical examination is remarkable for decreased and painful range of motion of the lumbar spine; Kemp's and Straight Leg Raise causes pain bilaterally. Grip strength testing causes pain bilaterally at the wrist. Current plan of care includes pain management and physical therapy. Requested treatments include Celebrex 200mg #90 and amitriptyline 25mg #45. The injured worker is under modified work restrictions. Date of Utilization Review: 06/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Response to medication with VAS scores reduction is unknown. The Celebrex is not medically necessary.