

Case Number:	CM15-0172376		
Date Assigned:	09/14/2015	Date of Injury:	05/19/2009
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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 53 year old male who sustained an industrial injury on 05-19-2009. Current diagnoses include internal derangement of bilateral knees, discogenic lumbar condition with radicular component down the lower extremities, anxiety, depression, sleep disorder, sexual dysfunction, and headaches due to chronic pain and inactivity. Report dated 08-06-2015 noted that the injured worker presented for follow up. Physical examination performed on 08-06-2015 revealed decreased range of motion in the knees, tenderness in both knees, and positive inhibition and compression bilaterally. Previous treatments included medications, physical therapy, knee brace, injections, hot and cold wrap, TENS unit, and home exercise. The treatment plan included requests for Celebrex, Aciphex, Wellbutrin, comprehensive metabolic panel with liver and kidney functions, and a 10-panel urine screen. The injured worker has been prescribe Celebrex since at least 06-02-2015. Request for authorization dated 08-06-2015, included requests for Celebrex, Aciphex, Wellbutrin, comprehensive metabolic panel with liver and kidney functions, and a 10 panel urine screen. The utilization review dated 08-19-2005, non- certified the request for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

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. The claimant was on prior NSAIDS for several months and due to its denial the request changed to Celebrex. Its use was no more justified than the prior medications. The Celebrex is not medically necessary.