

Case Number:	CM15-0027282		
Date Assigned:	02/20/2015	Date of Injury:	12/14/2010
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

This 63 year old male sustained a work related injury on 12/14/2010. According to the oldest progress report submitted for review, the utilization of Celebrex dated back to 07/21/2014. According to an office visit on 01/05/2015, the injured worker continued to have neck pain that radiated into the shoulder. Headaches occurred 5 out of 7 days. He was experiencing migraine headaches from the back of the head. Average pain since last visit was 6-8 on a scale of 1-10. Functional level was 7-9 since last visit. The injured worker complained of poor sleep quality due to pain. He was not using a sleep aid. Diagnoses included cervicalgia, intervertebral cervical disc and degenerative cervical intervertebral disc. Plan of care included continue Celebrex, Percocet, Baclofen, Nucynta ER and Zanaflex and consider topical agent. Medications tried and failed included none. Home exercise/physical therapy on an ongoing basis was recommended. Baseline urine drug testing was done on 10/27/2014 and results were consistent. On 01/12/2015, Utilization Review non-certified Celebrex 200mg 1 tab orally 2 x/day #60. The Utilization Review physician noted the following: There was no documentation of significant change in VAS score, pain relief, or objective improvement in function noted to warrant continued use. The long term use of nonsteroidal anti-inflammatory drugs is not without significant cardiovascular, gastrointestinal and renal risks. The use should be limited to brief durations of time. There was no objective urine drug screen result available for review to confirm compliance as recommended by guidelines. CA MTUS Chronic Pain Medical Treatment Guidelines page 67-68, 70 were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg 1 tablet orally 2 times per day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, a note from 9/18/14 documents that the patient is taking meloxicam, yet the treatment plan is for continuation of Celebrex. Without further clarity regarding this documentation, the currently requested Celebrex is not medically necessary.