

Case Number:	CM15-0062192		
Date Assigned:	04/08/2015	Date of Injury:	06/13/1997
Decision Date:	05/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Illinois

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 injured worker is a 64 year old female, who sustained an industrial injury on 6/13/1997. She reported injury of the neck, low back and left knee. The injured worker was diagnosed as having status post cervical fusion, left knee arthritis, lumbar spine herniated nucleus pulposus with multilevel facet syndrome. Treatment to date has included medications, and epidural steroid injection. The request is for Celebrex 200mg #30 with 5 refills. On 1/14/2015, she was seen for complaints of low back and left knee pain, and was given prescriptions for Celebrex, and Ultram. A urine drug toxicology test was completed, and a request was made for a lumbar facet injection. Her present complaints reports on a PR-2 dated 2/15/2015 are left knee pain, neck and low back pain. She received an epidural steroid injection and it is reported to have given her improvement. The treatment plan included: prescription for Celebrex, and follow-up in 3 months.

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 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

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

Decision rationale: The injured worker sustained a work related injury on 6/13/1997. The medical records provided indicate the diagnosis of status post cervical fusion, left knee arthritis, and lumbar spine herniated nucleus pulposus with multilevel facet syndrome. Treatment to date has included medications, and epidural steroid injection. The medical records provided for review do not indicate a medical necessity for Celebrex 200 mg Qty 30 with 5 refills. Celecoxib (Celebrex) is a COX-2 selective inhibitor non-steroidal anti-inflammatory drug (meaning it can be used in select group of people with gastrointestinal risk to NSAIDs) for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylitiss. Like other NSAIDs, the MTUS recommends the use of the lowest dose for short term treatment. The guidelines recommend periodic monitory of blood count, liver function and kidney function tests. The records indicate the injured worker has been on this medication for awhile, and there is no indication the injured workers labs are being monitored as recommended above.