

Case Number:	CM15-0069061		
Date Assigned:	04/16/2015	Date of Injury:	12/21/2006
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 55 year old male who sustained an industrial injury on 12/21/06. The injured worker reported symptoms in the neck. The injured worker was diagnosed as having chronic pain syndrome, cervical radiculopathy, neck pain, knee pain. Treatments to date have included right knee brace, status post C4-C7 fusion, trigger point injections, oral pain medication. Currently, the injured worker complains of neck pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 prescribed 3/4/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 792.20 9792.26 Page(s): r 22 of 127.

Decision rationale: NSAIDs are considered the first line of treatment for musculoskeletal injury to reduce pain and inflammation and improve function. Long term use may not be warranted per Van Tulder-Cochrane, 2000. Cox-2 inhibitors may be considered for use in patients who are at high risk for gastrointestinal bleeding, but not the majority of patients. Generic NSAIDs and Cox-2 inhibitors are reported to have similar efficacy and risk profile when used for less than 3 months. The patient has been using Celebrex for greater than 3 months but there is no documentation for his increased risk of gastrointestinal bleeding which would place him at higher risk. For instance, there is no documentation of a previous gastrointestinal hemorrhage. Due to the lack of documentation of this risk, a Cox-2 inhibitor would not be indicated based on the MTUS guidelines.