MAXIMUS Federal Services

Case Number:	CM15-0070043		
Date Assigned:	04/17/2015	Date of Injury:	04/09/2008
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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, New York, California
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 applicant is a represented 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 9, 2008. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for Celebrex. A March 23, 2015 RFA form and March 10, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. On October 30, 2014, the applicant did report issues of heartburn and indigestion in the review of systems section of the note. 7-9/10 pain complaints were noted. The applicant's medications included Lyrica, Nexium, Percocet, Voltaren, Lunesta, it was stated toward the top of the report. Multiple medications and permanent work restrictions were renewed at the bottom of the report. The applicant was not working with said permanent limitations in place, it was acknowledged. On March 18, 2015, the applicant received a lumbar epidural steroid injection. On February 30, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was using Lyrica, Percocet, Voltaren, Lunesta, and Nexium, it was acknowledged. On February 10, 2015, the applicant reported ongoing complaints of neck, low back, and left shoulder pain, 5/10. The applicant was given refills of Nexium, Percocet, Lunesta, Lyrica, and Voltaren. Permanent work restrictions were likewise renewed. The applicant did report heartburn and indigestion in the review of systems section of the note. There was no mention of the need for Celebrex on this occasion. A January 30, 2015 progress note likewise contained no mention or references to Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex Cap 100mg #30, Take 1 Daily As Needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in applicants who have a history of and/or risk factor for GI complications, as were seemingly present here in the form of the applicant's issues with heartburn and dyspepsia, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, however, the attending provider's progress notes of February 30, 2015, February 10, 2015, and January 30, 2015 made no mention or references for the need for Celebrex usage. There was no mention made of the applicant's using Celebrex on those dates. The applicant's medication list, on each of those dates, reportedly included Lyrica, Nexium, Percocet, Voltaren, and Lunesta. Thus, the information on file did not establish whether or not Celebrex was beneficial, whether the request for Celebrex was a first-time request, a renewal request, and/or whether or not ongoing usage of Celebrex was or was not proving beneficial for the purposes for which it was being employed. Therefore, the request was not medically necessary.