

Case Number:	CM15-0074368		
Date Assigned:	04/24/2015	Date of Injury:	03/24/2010
Decision Date:	05/27/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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, 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 56 year old female who sustained an industrial injury on March 24, 2010. Prior treatment includes cortisone injection, medications, nerve conduction study, and orthotics. Currently the injured worker complains of left hand pain and weakness. Diagnoses associated with the request carpal tunnel syndrome. The treatment plan includes Celebrex 200 mg #60 with two refills and Dilaudid. The medication list includes Celebrex, Flexeril, Tramadol and Zanaflex. The patient's surgical history include right CTR in 4/24/2014; right knee surgery; sinus surgery; ORIF for jaw fracture. The patient had received left wrist steroid injection. The patient has had EMG study that revealed CTS; MRI of the cervical spine that revealed disc bulge with foraminal narrowing, degenerative changes. Per the doctor's note dated 11/25/14 patient had complaints of pain in neck and wrist. Physical examination revealed tenderness on palpation, positive Phalens and normal sensory and motor examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG Cap 1 By Mouth BID As Needed for 30 Days #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22, Celebrex Page 30.

Decision rationale: Request: Celebrex 200 MG Cap 1 by mouth BID as needed for 30 Days #60 with 2 Refills. Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen." According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Response to usual non selective NSAIDs is not specified in the records provided. In addition per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. The request for Celebrex 200 MG Cap 1 by mouth BID as needed for 30 Days #60 with 2 Refills is not medically necessary in this patient.