

Case Number:	CM15-0077565		
Date Assigned:	04/29/2015	Date of Injury:	07/05/2011
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on July 5, 2011. He reported low back pain after slipping and falling on a wet floor. The injured worker was diagnosed as having lumbar disc herniation, facet arthropathy, chronic low back and lower extremity pain, neck and upper extremity pain, cervical disc protrusions, insomnia secondary to pain and right median neuropathy consistent with mild carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, aqua therapy, medications and work restrictions. Currently, the injured worker complains of continued neck and low back pain with associated lower extremity pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 17, 2015, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60 with 3 refills: Overturned

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

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

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records in this case discuss positive patient response to NSAIDs as first-line treatment for chronic pain particularly after prior IMR denials of opioid requests. Physician notes also discuss gastrointestinal side effects of previously prescribed traditional NSAID. In this situation, the records and guidelines do support an indication for ongoing use of Celebrex as first-line treatment. This request is medically necessary.