

Case Number:	CM15-0078148		
Date Assigned:	04/29/2015	Date of Injury:	04/03/2007
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
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: 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 63 year old female, who sustained an industrial injury on 4/3/07. She reported low back pain. The injured worker was diagnosed as having lumbago. Treatment to date has included medication. A physician's report dated 12/4/14 noted pain was rated as 1/10 but with activity, the pain was rated as 5/10. A physician's report dated 4/2/15 noted pain was noted to be intermittent rated as 1/10 with cramping rated as 2/10. A physician's report dated 4/13/15 noted pain was rated as 6/10. Currently, the injured worker complains of low back pain. The treating physician requested authorization for prospective use of Celecoxib. The treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Celecoxib: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: Based on the 04/30/15 progress report provided by treating physician, the patient presents with low back pain. The request is for prospective use of Celecoxib. No RFA provided. Patient's diagnosis on 04/30/15 included lumbago, low back pain, low back pain syndrome, and lumbalgia. Per 04/30/15 report, relieving factors include ice pack and NSAIDs. Patient medications have included Ibuprofen, Celebrex, Norco and Soma. The patient is permanent and stationary, per 04/23/15 treater report. Treatment reports were provided from 08/22/14 - 04/30/15. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "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, but a 10-to-1 difference in cost." MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert) MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. It appears Celebrex was initiated in progress report dated 04/02/15. Per progress report dated 04/30/15, patient reports "Ibuprofen is not helping the way Celebrex was." NSAIDs are indicated by MTUS as first line treatment to reduce pain. Given that patient has failed other NSAIDs, trial of Celebrex would appear reasonable. However, Celebrex is not indicated for all patients according to guidelines. In this case, treater has not discussed GI complications, nor indicated quantity in the request. Given lack of documentation, the request is not medically necessary.