

Case Number:	CM15-0094364		
Date Assigned:	05/20/2015	Date of Injury:	11/30/2009
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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, Florida, 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 injured worker is a 57-year-old male, who sustained an industrial injury on 11/30/2009. Diagnoses include possible lumbar discogenic pain per magnetic resonance imaging (magnetic resonance imaging (MRI), right lumbosacral radicular pain and cervical sprain/strain. Treatment to date has included diagnostics, surgical intervention, chiropractic, physical therapy, use of a home inferential unit, cognitive behavioral therapy, and medications including Prilosec, Glucosamine sulfate, Flexeril, Norco, Celebrex and Ultracin topical cream. Per the Primary Treating Physician's Reevaluation Report dated 4/15/2015, the injured worker reported persistent low back pain constantly radiating into the right lower extremity and on and off radiating into the left lower extremity associated with tingling, numbness, weakness, shakiness, and status post extensive bilateral lumbar decompressive laminectomy (3/22/2012) with no improvement. Pain is rated as 5-8/10. Physical examination revealed a guarded gait with right side limping. He uses a walker to ambulate. There was midline tenderness of the lower back and right lumbar facet tenderness. Thoracic and lumbar spine movements were painful. The plan of care included medications and authorization was requested for Sertraline 15mg and Celebrex 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 15MG, #30, 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version, Anxiety Medications in Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured now 6 years ago. There was subjective pain in multiple areas, including the lumbar and neck. There has been extensive conservative care. There is a guarded gait, but little other objective findings shown to improve out of the medicine. There is no mention of depression. There is no mention of injury osteoarthritis. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the anti-depressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is again not clear what objective, functional benefit has been achieved. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there again is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. The request is appropriately not medically necessary.

Celebrex 200mg, #60, 6 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues.

Decision rationale: As shared previously, this claimant was injured now 6 years ago. There was subjective pain in multiple areas, including the lumbar and neck. There has been extensive conservative care. There is a guarded gait, but little in the way in objective functional deficits

improved through the medicine. There is no mention of depression, or objective response to the medicine. There is no mention of injury osteoarthritis. The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is:- Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary.- Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. There is no suggestion of significant gastrointestinal issues in this claimant; the request for the Celebrex was appropriately non-certified, as criteria for appropriate usage under the evidence-based guides are not medically necessary.