

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	10/1/2004
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006740

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Celebrex 200 mg #30 (DOS 06/06/13)** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Celebrex 200 mg #30 (DOS 06/06/13)** is not medically necessary and appropriate.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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.

Expert Reviewer Case Summary:

The patient is a 48-year-old male who reported an injury on 10/01/2004; the mechanism of injury is not specifically stated. The patient was seen by Dr. [REDACTED] on 01/16/2013 with complaints of back, head, neck, and left leg pain. It was noted that the patient's bilateral upper extremities EMG study dated 11/13/2012 indicated mild to moderate severity of carpal tunnel syndrome. The patient rates his pain currently as 10/10 on the VAS. The patient reports 20% analgesia with Celebrex medication. Other medications currently prescribed to this patient include OxyIR, lorazepam, bupropion, and sertraline. Physical examination revealed no acute distress, appropriate affect, normal speech, intact judgement, and intact cranial nerves. Treatment plan at that time included continuation of current medication. It is also noted the patient participates in cognitive behavioral therapy. The patient was again seen by Dr. [REDACTED] on 02/21/2013, 03/13/2013, 03/27/2013, and 04/24/2013. The patient continued to complain of 8/10 to 9/10 pain. It is again noted that the patient's Celebrex medication only provided 20% relief. It is noted that an appeal request was submitted for the denial of oxycodone 15 mg #180 which was denied on 02/25/2013. Physical examination revealed no significant changes. Treatment plan included continuation of current medications, continuation of cognitive behavioral therapy, and a urine drug screen for compliance testing. A Primary Treating Physician's Progress Report was submitted by Dr. [REDACTED] on 05/22/2013. It is noted that the patient currently utilizes a TENS unit. Physical examination revealed restricted range of motion, decreased sensation of bilateral upper extremities, depressed mood, and appropriate affect. Treatment plan at that time included continuation of current medications and continuation of current cognitive behavioral therapy. An additional Primary Treating Physician's Progress Report was submitted by Dr. [REDACTED] on 06/06/2013. The patient complained of 7/10 to 9/10 pain with multiple areas of muscle spasm. Physical examination revealed no significant changes and treatment plan remained the same at that time. The patient was seen by Dr. [REDACTED] on 06/28/2013. The patient presented for complaints of increased pain of the right shoulder. Objective findings revealed positive Hoffmann's, weakness of the triceps muscle, very limited range of motion, a very slow and guarded gait, and positive tenderness. Treatment plan at that time included a CT myelogram to evaluate the cervical spine for neural impingement or failure of hardware.

Utilization review was then submitted on 07/08/2013 by Dr. [REDACTED]. Specific request included 1 prescription of OxyIR 15 mg #180 and 1 prescription of Celebrex 200 mg #30. The request for OxyIR was non-certified as the reviewer determined that additional information was reasonable and necessary in order to render a decision. The request for Celebrex 200 mg was also non-certified due to a lack of quantified measures of improved function and tolerance to activities following initiation of this medication. An unofficial cervical myelogram report was submitted on 08/02/2013 by Dr. [REDACTED] which indicated anterior cervical disc fusion at C5-6 without evidence of complication and a stable discogenic osteophyte at C4-5. The patient was then seen by Dr. [REDACTED] on 08/14/2013 with complaints of postoperative pain of the shoulder. Physical examination of the right upper extremity revealed marked limitation of motion, as well as limited range of motion of the lower spine with sensation intact and no evidence of fracture, dislocation, or loosening of the components. Treatment plan included a shoulder x-ray. The patient was again seen by Dr. [REDACTED] on 08/15/2013. The patient presented with complaints of pain to the head, numbness of both arms, and difficulty with neck postures. Objective findings included positive tenderness to palpation, decreased sensation on the right side of C5 and C6, a slightly positive distraction testing, and muscle spasm. Treatment at that time included continuation of current pain management and a referral for cervical spine consultation.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Celebrex 200 mg #30 (DOS 06/06/13) :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section NSAIDS, pgs. 67-70, which is part of MTUS.

Rationale for the Decision:

California MTUS guidelines state NSAIDs are recommended for osteoarthritis. There is no evidence to recommend one drug in this class over another based on efficacy. Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The medical records provided for review indicate that the employee does not currently have any of these diagnoses. There is no indication that this employee has failed a clinical trial of conservative therapy with over-the-counter NSAIDs or first-line therapy with acetaminophen.

The medical records provided for review do indicate that the employee, on several occasions, reported only 20% relief following the use of Celebrex. **The request for Celebrex 200 mg #30 (DOS 06/06/13) is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/reg

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.