

Case Number:	CM15-0158530		
Date Assigned:	08/31/2015	Date of Injury:	06/30/2014
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on 6-30-14. Initial complaints were of cumulative trauma. The injured worker was diagnosed as having backache not otherwise specified; cervicgia. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical spine (6-2-14); x-rays cervical spine (6-2-14). Currently, the PR-2 notes dated 7-1-15 indicated the injured worker complains of lower backache. He rates his pain without medications as 5 out of 10. He has no new problems or side-effects and he reports his sleeping quality is poor. His activity level remains the same and he reports he is frustrated because his medications and requested treatments are not being approved. Current medications noted are Celebrex 200mg capsule one daily as needed. The provider documents under "Medications Failed: The patient stopped taking Celebrex due to its side effects of skin rash." The provider documents the results of a cervical MRI dated 6-2-14 "1) C5- 6 tiny central less than 1mm disc protrusion 2) 4.2x1 6x3.8cm right paraspinous subcutaneous fat signal intensity mass at the C3 and C5 level consistent with lipoma." An x-ray of the cervical spine on that same date reveals "1) 2cm nuchal ligament calcification posteriorly at C4-5 level suggesting old soft tissue injury. 2) Mild right C3-4 foraminal narrowing. 3) no mass or lytic bone lesion is identified." On physical examination, the provider documents the injured worker ambulates with a slowed gait without any assistive device. The lumbar spine reveals tenderness to palpation over the lumbar paraspinal muscles consistent with spasms on the right. His lumbar range of motion reveals flexion 55 out of 60 degrees, extension 20 out of 25. He has positive lumbar facet loading maneuvers as well as straight-leg raising test in seated and supine position to 60 degrees on the right. The right hip examination reveals right

trochanteric tenderness to palpation with pain on passive internal rotation. Deep tendon reflexes are 2 out of 4 in the bilateral biceps, bilateral brachioradialis and bilateral triceps. Deep tendon reflexes are 1 out of 4 in the bilateral patellae, and bilateral tendo-Achilles. Motor strength is equal on all levels except right toe extensor is 4 out of 5. There is weakness of the right extensor hallucis longus. Sensory examination is diminished in the right L5 dermatome. The treatment plan summary, the provider documents the injured worker's chronic low back pain. He notes he has failed conservative treatment and eventually has a discectomy and foraminotomy 11-14-01 and 8-5-05; returning to full duty post-surgery. He has reported ongoing right hip and right knee pain and reports he has not had any treatment for these areas. The provider notes he takes anti-inflammatories sparingly and has had "Celebrex which was beneficial in the past". He is currently working full duty without restrictions. A PR-2 note dated 6-3-15 makes no mention of a rash due to Celebrex. The note does indicate the injured worker is not taking any medications at that time. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 7-29-15 and non-certification was for Celebrex 200mg; 1 once a day qty 30 due to medical documentation in a PR-2 dated 5-27-15, the provider stated the injured worker "stopped taking Celebrex due to its side effects of skin rash." Utilization Review indicated if the information was incorrect as documented, please resubmit the request. The Reviewer also notes that "the recent claim for the work-related neck pain has not been accepted as work related." Also, The Utilization Review dated 7-29-15 modified the authorization of the requested Physical therapy 2 times a week for 6 weeks, in treatment of the cervical spine 12 visits to 6 visits only per the Official Disability Guidelines text (ODG) for Neck and Upper Back - Physical therapy allowing a "six-visit clinical trial." The provider is requesting authorization of Celebrex 200mg; 1 once a day qty 30 and Physical therapy 2 times a week for 6 weeks, in treatment of the cervical spine 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg; 1 once a day qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg one by mouth daily #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX two non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are backache not otherwise specified. Date of injury is June 30, 2014. Request for authorization is dated July 22, 2015. According to progress note dated July 1, 2015, the injured worker's subjective complaint is low back pain. The documentation shows Celebrex was prescribed as far back as April 29, 2015. At that time, Celebrex was helpful. Start date is not specified. The documentation indicates the injured worker

failed Celebrex due to a skin rash. There is no documentation of failed first-line (nonselective) non-steroidal anti-inflammatory drugs (ibuprofen, Naprosyn, etc.). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and documentation indicating injured worker failed Celebrex to skin rash, Celebrex 200 mg one by mouth daily #30 is not medically necessary.

Physical therapy 2 times a week for 6 weeks, in treatment of the cervical spine qty 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week times six weeks to the cervical spine (#12 visits) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are backache not otherwise specified. Date of injury is June 30, 2014. Request for authorization is dated July 22, 2015. According to progress note dated July 1, 2015, the injured worker's subjective complaint is low back pain. The documentation shows Celebrex was prescribed as far back as April 29, 2015. At that time, Celebrex was helpful. Start date is not specified. The documentation indicates the injured worker failed Celebrex due to a skin rash. The utilization review indicates the injured worker had recent increased neck pain. The July 1, 2015 progress note did not reflect pain. The treating provider requested 12 sessions of physical therapy to the cervical spine. The guidelines recommend a 6 visit clinical trial. There is no clinical indication a rationale for an excessive number of physical therapy sessions to the cervical spine (#12). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical indication or rationale for #12 physical therapy sessions (guideline recommendations provide for a 6 visit clinical trial) and no compelling clinical documentation to warrant additional physical therapy (over the recommended guidelines), physical therapy two times a week times six weeks to the cervical spine (#12 visits) is not medically necessary.