Medwork Independent Review
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ACCREDITED INDEPENDENT REVIEW ORGANIZATION

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

08/02/2011

DATE OF REVIEW: 08/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Celebrex 200mg one capsule daily (quant 30 for lumbago)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Certified Occupational & Preventative Medicine physician

REVIEW OUTCOME Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:
☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)
Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Texas Dept of Insurance Assignment to Medwork 07/13/2011
2. Notice of assignment to URA 07/13/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 07/12/2011
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 06/30/2011
6. letter 07/13/2011, 07/11/2011, 06/21/2011, 07/06/2011, med list 07/07/2011, 06/16/2011, prior auth 06/16/2011, med list 06/17/2011, 01/20/2011, medicals 02/08/2011, 09/02/2010, 01/14/2010, 07/15/2009, 02/22/2008
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:
This is a man with history of chronic low back pain secondary to a work-related injury onxx/xx/xx. The patient had history of two spinal surgeries prior to the injury and underwent third lumbar fusion surgery in 1995. The claimant's last back surgery was considered unsuccessful. He was assessed to have reached maximum medical improvement with residual symptoms. The claimant's symptoms, eventually, became well-controlled with prescription of pain medications, including Gabapentin and Celebrex. Based on his last follow-up, he was

recommended to continue treatment with these medications. Review request is for Celebrex 200mg one capsule daily (quant 30 for lumbago).

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Referring to the Official Disability Guidelines:

- "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in acute and chronic LBP, of muscle relaxants in acute LBP, and of antidepressants in chronic LBP…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".
- "Celecoxib (Celebrex®) is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain".
- As per ODG: "*Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors.*
  Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use".
  "*Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:* (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent".
  "*Patients at high risk for gastrointestinal events with no cardiovascular disease:* A Cox-2 selective agent plus a PPI if absolutely necessary".

In review of the records the requested Celebrex 200mg one capsule daily (quant 30 for lumbago) is in support of the ODG guideline recommendations; therefore, the insurer's decision to deny is overturned. Continuation of treatment with Celebrex 200 mg, one capsule daily is recommended in this patient due to the following considerations:

- The claimant suffers from chronic persistent low back pain following three back surgeries secondary to work-related injuries.
- His back pain and other symptoms are well-controlled by taking Gabpentin and Celebrex regularly.
- He is and does not have history of cardiovascular or gastrointestinal diseases. Aging is a key risk factor for gastrointestinal (GI) complications in patients taking NSAIDs; there is a sharp increase of risk of GI bleeding above the age of 60 years. Selective NSAID

agents, such as Cox-2 drugs (like Celebrex), are found to have decreased risk of GI bleeding with their long-term use

- In light of his background risk of advanced age and with evidence that he has responded well with this medication in the past without adverse effects, the claimant should continue to benefit from prescription of Celebrex for the control of his symptoms.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**