AccuReview

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[Date notice sent to all parties]: March 2, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Celebrex 200mg #60 Refill: 2

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Anesthesiology with over 14 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who has a date of injury XX/XX/XX per exam.

XX/XX/XX: Recheck Office Assessment. CC: compensable low back pain that originated on XX/XX/XX and is continuous and frequently severe, and modified by increases in activity level. Pain is 8/10 at worst, when he takes his medicine; it goes down to 3/10 with an 80% reduction in pain. PE: low back positive crepitus, positive tenderness, no radicular symptomatology. Impression: Chronic compensable low back pain. Plan: LTCP consisting of quarterly doctor visits, medication refilled. He maintains on Celebrex 200 mg daily, hydrocodone 10/325 daily, and Lunesta 3mg.

XX/XX/XX: Recheck Office Assessment. CC: LBP. Claimant has been taking medications as directed. He has been taking care of his dad's land and had been working a lot. He had been having a lot of pain and exacerbations in his compensable low back area. HE has a pain level of 9/10 at worst. When he takes his medicine it goes down to 2/10 with an 80% reduction in pain. We are going to give him Norco 5/325 TID over a 3 month period. PE: low back crepitus, positive tenderness. Impression: Chronic compensable low back pain. Plan: continue LTCP, refilled medications.

XX/XX/XX: UDS. Medications: claimant reports no medications. Results: Hydrocodone 99.1, below reporting limit; norhydrocodone 100.0, positive inconsistent; hydromorphone 2.0, below reporting limit; morphine 0.0, negative; codeine 0.0, negative; zaleplon 0, negative; zopiclone 45, positive inconsistent; zolpidem 0.0, negative.

XX/XX/XX: UR. Reason for denial: The claimant is noted with low back pain with medications. However, NSAIDs are

recommended for only short-term use. No exceptional circumstances were evident in this case. Therefore, this request is not medically reasonable or necessary, at this time.

XX/XX/XX: Reconsideration Letter. The medication of interest in this case is Celebrex: Anti-inflammatories, according to the ODG, are "the traditional first-line of treatment to reduce pain so activity and functional restoration can resume (Van Tulder-Cochrane, 2000)." Small amounts of anti-inflammatories for "flare ups" on a prn basis are specifically approved by ODG. ODG recommends a patient pain assessment, those results being 9/10 without medication and 2/10 with medication. "Functionality" is demonstrated per ODG criteria through taking care of his land.

XX/XX/XX: UR. Reason for denial: The claimant has been on Celebrex for a few years. Celebrex has a lot of side effects and is not recommended for long-term use. There was no further rationale or exceptional factors conveyed during peer to peer for continuing the requested medication. Therefore, the appeal for Celebrex 200 mg #60 Refill: 2 is not medically necessary.

XX/XX/XX: Letter of Medical Necessity. I was prescribed Celebrex for my back, neck and shoulder pain. Approximately XX years ago, I had to get off of Cerebrex for XX weeks due to having surgery. This was a bad time for me, my pain level exacerbated notably. My pain level went down when I went back on Celebrex. I have had several surgeries since then and the surgeries were not a problem. I currently take prevacid daily to prevent the Celebrex from hurting my stomach. Please approve my prescription for Cerebrex as it has many benefits to me and no side effects at the 200 mg dosage.

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

The previous adverse determinations are agreed upon and upheld. The claimant has been taking Celebrex for several years. Celebrex has wide variety of side effects and is not recommended for long-term use. There was no further rationale or exceptional factors conveyed during peer to peer for continuing the requested medication. Therefore, after reviewing the medical records and documentation provided, the appeal for Celebrex 200 mg #60 Refill: 2 is not medically necessary and the request is non-certified.

Per ODG:

Celebrex® (celecoxib)	Celebrex® is the brandname for celecoxib, and it is produced by Pfizer. Celecoxib 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. See Anti-inflammatory medications. See NSAIDs (non-steroidal anti-inflammatory drugs) for specific patient decision-making criteria. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures.
Celecoxib (Celebrex®)	See Celebrex® above. See also NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & NSAIDs, specific drug list & adverse effects for general guidelines, as well as specific Celecoxib (Celebrex®) listing for more information and references. A large systematic review of available evidence on NSAIDs confirms that naproxen and low-dose ibuprofen are least likely to increase cardiovascular risk. Celecoxib (Celebrex), on the whole, had a slightly increased risk of cardiovascular events at low and high doses, although there were few studies testing doses >200 mg/day. Celecoxib, especially at doses >400 mg/day, should be avoided in patients at high risk of cardiovascular disease. (McGettigan, 2011) [Celebrex ranked #6 in amount billed for WC in 2011. (Coventry, 2012)]

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)**