

<b>Case Number:</b>	CM13-0025825		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/27/2005
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 65 year-old female presenting with chronic low back pain, neck pain and left leg pain following a work-related injury on September 27, 2005. The pain is described as constant, increasing to sharp pain that is shooting and sensation and radiating into the left leg. The pain is exacerbated by sitting or lifting objects. The pain is alleviated by therapy, stationary bike, physical therapy and medications. The claimant is status post left knee joint surgery on January 10, 2012. Physical exam on August 14, 2013 significant for tenderness and restricted left elbow, lumbar, left knee, and left hip region movements with myofascial strain. There is also tenderness to the sacroiliac joint, and positive lumbar facet pain. Motor testing was 2 out of 5 in the bilateral lower extremities and gait was moderately antalgic. The claimant is currently taking fentanyl patches, Percocet, Lunesta and Celebrex. The claimant's relevant diagnoses are lumbago, sciatica, degeneration of lumbar intervertebral disc, lumbar radiculitis, spondylosis of unspecified site without mention of myelopathy, spinal stenosis of lumbar region, and sprain of other specified sites of knee and leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg po bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67.

**Decision rationale:** Celebrex 200mg po BID# 60 is not medically necessary. Celebrex is a nonsteroidal anti-inflammatory medication (NSAID). Per MTUS guidelines, page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has trialed NSAIDs. Her injury occurred in 2005. If the claimant had previous long term treatment with Celebrex, the medication is therefore not medically necessary and to prevent cardiovascular risk and GI distress. Additionally, Celebrex 200mg twice per day is a very high dose for NSAIDs use. In order to prevent the previously mentioned risk it is appropriate to discontinue this medication.