

<b>Case Number:</b>	CM14-0000128		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 48 year old male presenting with low back pain following a work related injury on 04/06/2006. The claimant was diagnosed with chronic low back pain with multiple levels of disc disorder, lumbar radiculopathy and depression. The claimant has trialed medication, physical therapy, acupuncture, cognitive behavioral therapy, lumbar epidural steroid injections, activity modifications and return to work on modified duty. The claimant's medications include opioids, chronic use of soma four times per day, anti-depressants, Cymbalta, trazodone, Lidoderm patches, Toradol injections, Medrol dose packs, Tramadol, Butrans, Celebrex and Prilosec. The Lumbar MRI revealed L2-3 with 1 mm degenerative disc disease with an annular fissure, no stenosis, L3-4 with degenerative disc disease no stenosis, L4-5 mild degenerative disc disease with annular fissure, 3x 11 mm, no foraminal or central canal stenosis. The physical exam on 09/04/2013 revealed increased low back pain with numbness and burning down the legs x 2 weeks, and decreased sensation left L5. A claim was made for Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 64.

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

**Decision rationale:** Celebrex 200mg is not medically necessary. Celebrex is a Cox-2 inhibitor nonsteroidal anti-inflammatory medication. According to the 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 associated with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time the employee has been on Celebrex. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. Finally, there is no documentation of gastrointestinal risk requiring a cox-2 inhibitor anti-inflammatory medication; therefore the request is not medically necessary.