

<b>Case Number:</b>	CM14-0003767		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/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 injured worker is a 54 year old male with a reported date of injury 09/05/2006. An operative report dated 04/22/2013 was for removal of pulse generator, removal of spinal cord stimulator, T10-T11 revision laminotomy, removal of spinal cord stimulator which was severely impacted by scar requiring additional revision laminotomy to successfully and safely remove the spinal cord stimulator lead. The progress note date 01/15/2014 listed the injured worker's medications as Ambien, Baclofen, Celebrex, Cymbalta, Dilaudid, Duexis, Frova, Lorzone, Methadone, Neurontin, Relistor, Requip, and Zanaflex. The diagnoses listed was Postlamenict syndrome lumbar region, lumbago, Thoracic/lumbosacral radiculitis, and sacrolitis. The request for authorization form was not submitted with the medical records. The request is for Celebrex 200mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Celebrex, NSAIDs.

**Decision rationale:** The request for Celebrex 200mg #60 is not medically necessary and appropriate. The injured worker is on multiple pain medications and rates his pain 7/10. The California Chronic Pain Medical Treatment guidelines state Celebrex is a NSAID that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. The guidelines also recommend a COX-2 inhibitor such as Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The guidelines also state NSAIDs are recommended for the lowest dose for the shortest period in patients with moderate to severe pain with osteoarthritis. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. The clinician should determine if the patient is at risk for gastrointestinal events such as age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. The documentation provided reports the injured worker has been on Celebrex since at least 06/04/2013. The guidelines recommend a short-term low dose use for NSAIDs and the injured worker has been on Celebrex for over 6 months. In addition, there is a lack of any significant improvement given the continued complaints of 7/10 pain. Therefore, the request is not medically necessary and appropriate.