

<b>Case Number:</b>	CM14-0100797		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/10/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 62-year-old female who reported an injury on 10/10/2006. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications, physical therapy, and epidural steroid injections. The injured worker's most recent clinical evaluation, dated 05/27/2014, documented that the injured worker had ongoing low back pain that radiated into the bilateral lower extremities. The injured worker's medications included Norco for breakthrough pain, gabapentin for neuropathic pain, Celebrex as needed for severe acute inflammation, and Loxacin as needed for medication induced constipation. It was noted that the injured worker had a reduction in pain from a 9/10 to a 5/10 with medication usage. It was noted that the injured worker had functional improvement resulting from medication usage and did not have any intolerable side effects. Physical findings included restricted range of motion of the lumbar spine and a positive straight leg raising test. The injured worker's diagnoses included low back and bilateral lower extremity radicular symptoms, L3-4 spondylolisthesis, and L4-5 degenerative disc disease with foraminal stenosis. It was noted that the injured worker had previously received a nonauthorization for Celebrex. It was noted that this noncertification was going to be appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg retro 6/03/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 60 and 67 Page(s): 60 AND 67.

**Decision rationale:** The requested Celebrex 200 mg retrospective 06/03/2014 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of anti-inflammatory medications in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends ongoing documentation of pain relief and functional benefit to support continued use of medications in the management of chronic pain. The clinical documentation submitted for review did not include an assessment from the requested date of service to support the efficacy and need for continued use of the requested medication. Furthermore, the request as it is submitted does not provide a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Celebrex 200 mg retro 06/03/2014 is not medically necessary or appropriate.