

<b>Case Number:</b>	CM14-0011635		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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, and is licensed to practice in California. 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:

67y/o male injured worker with date of injury 3/22/11 with related low back pain that radiates into the left leg and is rated at 6/10. Per 1/8/14 progress report, physical examination revealed limited range of motion of the lumbar spine with moderate pain in flexion, facet loading pain, tenderness upon palpation of the lumbar facets, positive straight leg raise on the left at 30 degrees, exquisite tenderness of the thoracolumbar fascia, non-tender sacroiliac joints, negative Patrick's test bilaterally, non-tender greater trochanteric bursa, 5-/5 motor testing in left lower extremity, decreased radiculopathy following the bilateral L5-S1 nerve root, intact sensory perception of soft touch in bilateral lower extremities, and mild antalgic gait. MRI of the lumbar spine dated 3/27/13 revealed " status post left L4-L5 left laminectomy with obliteration of the normal epidural fat in the left lateral recess. This could represent residual/recurrent disc herniation of granulation tissue. L3-L4 mild central focal disc protrusion; L4-L5 mild diffuse annular disc bulge; L5-S1 mild annular disc bulge with osteophytic ridging asymmetrical greater right laterally. He has been treated with epidural steroid injections, medial branch blocks, rhizotomies, physical therapy, chiropractic therapy, and medication management. The date of UR decision was 1/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX #60 200MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL GUIDELINES, NSAIDs,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** Regarding chronic low back pain and NSAIDs, the MTUS CPMTG states: "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." The records submitted for review do not include evidence of acute exacerbation of pain, acute breakthrough pain, or acute pain. Without indication for this treatment, medical necessity cannot be established.