

<b>Case Number:</b>	CM14-0015772		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Occupational Medicine 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:

The patient is a 58 year old male who has submitted a claim for left sciatic nerve injury and left sacroiliitis associated with an industrial injury date of January 4, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of pain at the low back, left hip, neck, and gluteal areas. Physical examination revealed tenderness and painful range of motion the lumbar spine. Motor strength of left lower extremity was rated 3/5. Treatment to date has included epidural steroid injection, physical therapy, and medications such as tizanidine, Lunesta, Lyrica, Celebrex, Norco, Cymbalta, and Soma. A utilization review from January 24, 2014 denied the request for Celebrex 200mg, #30 because the patient had no risk factors for development of gastrointestinal side effects; hence, ibuprofen may be used instead.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

**Decision rationale:** As stated in the MTUS Chronic Pain Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on Celebrex since July 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request is not medically necessary.