

<b>Case Number:</b>	CM14-0019260		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/10/1996
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Anesthesiologist and Pain Medicine 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 66 year old female who reported an injury on 12/10/1996, due to an unknown mechanism. The clinical note dated 12/20/2013 presented the injured worker with lower back and neck pain. The injured workers physical exam of the cervical spine revealed paraspinal spasm bilaterally to the trapezial area, tenderness to palpation, and range of motion values of 40 degrees of flexion, 20 degrees of extension, 60 degrees of bilateral rotation, and 20 degrees of bilateral bending. The lumbar spine range of motion values were 60 degrees flexion, 20 degrees extension, 20 degrees lateral bending bilaterally, and a spasm is noted along with tenderness to palpation. The injured worker is diagnosed with a disc bulge of the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 23, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

**Decision rationale:** The California MTUS guidelines recommend use of Celebrex for relief of osteoarthritis, rheumatoid arthritis, and spondylitis. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The provided medical documentation lacks evidence of a clear and accurate pain scale. There is also no evidence of improved function and increased activity in relation to the evaluating effect of pain relief from the Celebrex. Therefore, the request for Celebrex is not medically necessary.