

<b>Case Number:</b>	CM14-0165621		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/16/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Internal 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:

This is a case of a 66 year old female with a date of injury of 5/16/2009 when she suffered a fall. On agreed medical re-evaluation dated 8/6/2014 by [REDACTED] (QME), the patient was complaining of lower back pain with right leg radiation to the toes, including numbness and some weakness. Her right hip bursitis persists. Her left knee symptoms are about the same. On back and lower extremity evaluation, she was able to stand on her toes and heels normally. No muscle spasms or swelling was present on her back. There was tenderness noted over the right lumbar paraspinal muscles and right-sided sacroiliac joints. Achilles and patellar reflexes were 2+ bilaterally. Sensation to pinprick was decreased over the right outer thigh, calf, foot and fourth and fifth toes. Straight leg raising (seated and supine), Bragard's, and cross straight leg raising tests were all negative bilaterally. The patient has diagnosed degenerative disc disease at multiple levels of the lumbar spine. In [REDACTED] follow up visit report dated 9/16/2014, she reports that the patient continues to have high levels of pain. She also reports that the patient is stable and has improved quality of life and increased capability for daily activities with her current medication regimen. With the medications the patient can perform household tasks including cooking, cleaning, self-care for 30-45 minutes or greater at a time. This is a functional improvement over baseline without medications. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,67-68.

**Decision rationale:** Based on MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain from osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between NSAIDs and COX-2 inhibitors in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 inhibitors have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect. There is no evidence of long-term effectiveness for pain or function. Based on MTUS guidelines, patients who are at risk for gastrointestinal events include: patients > 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is OK, such as naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (such as omeprazole DR), or misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (> 1 year) of proton pump inhibitors has been shown to increase risk of hip fracture. In patients at high risk for gastrointestinal events with no cardiovascular disease, it is recommended to use a Cox-2 selective agent plus a proton pump inhibitor. In this case, the patient is over 65 years old and would be considered at least intermediate risk for gastrointestinal bleeding and is benefiting from the use of Celebrex and tolerating it well. In general however, NSAIDs and subsequently Cox-2 inhibitors such as Celebrex are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the patient has been on Celebrex for at least several months. Therefore, based on MTUS guidelines and the evidence in this case, the request for Celebrex 100mg #60 with 3 refills is not medically necessary.