

<b>Case Number:</b>	CM14-0168438		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	11/07/1996
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Practice 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:

74 year old male claimant sustained a work injury on 11/7/96 involving the low back and left leg. He was diagnosed with lumbar degenerative disc disease with facet arthropathy and lumbar stenosis. In addition, he underwent a knee replacement. A progress note on 6/19/14 indicated the claimant had continued neck and back pain. He had been on Vicodin for pain. Exam findings were notable for lumbar spine tenderness and reduced range of motion. The left knee had tenderness in the posterior aspect with no effusion. The physician requested Celebrex 200 mg daily for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-68.

**Decision rationale:** According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of

GI risk factors or evidence of failure on an NSAID or Tylenol. The Celebrex is not medically necessary.