

<b>Case Number:</b>	CM14-0176788		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/04/1997
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 57 year-old female with an injury date on 12/04/1997. Based on the 09/18/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. FBSS2. Intractable severe back Myofascial pain3. Spinal Fibrosis According to this report, the patient complains of back pain and leg pain. Ankle pain is improving. Pain is rated at a 5/10 down from a 7-8/10. Trigger point injection was administered in today visit. The 08/18/2014 report indicates patient pain is a 7/10. Physical exam findings were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/27/2014 to 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg, quantity: 30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22, 30, 70.

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

**Decision rationale:** According to the 09/18/2014 report by [REDACTED] this patient presents with back pain and leg pain. Ankle pain is improving. The treater is requesting Celebrex 200mg quantity 30 with 1 refill, 1 tablet every day. Celebrex was first mentioned in the 05/20/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines pages 67, 68 do allow use of oral NSAIDs for osteoarthritic pains, and recommends it for shortest time possible. Page 22 of MTUS does recommend oral NSAIDs for low back pain as well. In this case, the treater does not include documentation of how long patient has been taking Celebrex, nor pain and function related to its use. MTUS page 60 require "A record of pain and function with medication should be recorded." Without documentation that this medication is working and helping with pain and function, continued use of the medication would not be indicated. Therefore the request is not medically necessary.