

<b>Case Number:</b>	CM14-0038335		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 51 year old male, with a date of injury of 3/2/13. He has had extensive spinal surgery including an L3-S1 fusion. Post-operatively the patient is reported to be doing well with increasing activity levels. He has had physical therapy and is treated with oral analgesics. There is little to no use of Opioids. Subsequent to the UR denial of Celebrex the treating physician documented that other NSAIDS had been trialed and caused sided effects. It is documented that Celebrex is the only NSAID tolerated and it provides meaningful pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Celebrex caps 200mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The UR denial was in part based on the impression that prior 1st line NSAIDS had not been trialed. Subsequent documentation clearly documents prior trials of NSAIDS with Celebrex being the only one tolerated and it has provided good pain relief. Up to 400mg. per day is consistent with treatment recommendations for pain relief. The return of

function and avoidance of Opioid medications also support the medical necessity of Celebrex 200mg. twice a day. Under these circumstances, use of this medication is consistent with MTUS Chronic Pain Guidelines.