

<b>Case Number:</b>	CM14-0053609		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/01/2004
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of October 1, 2004. A utilization review determination dated April 18, 2014 recommends non-certification of Celebrex. Non-certification was recommended due to lack of documentation that the patient is at risk for gastrointestinal adverse events, which have failed to respond with a proton pump inhibitor. Notes indicate that the patient has been on Celebrex since 2012. A progress report dated March 27, 2013 indicates that Celebrex continues to provide approximately 20% analgesia and helps him increase walking and mobility. A progress report dated June 10, 2014 identifies subjective complaints of low mid and upper back pain with associated left leg pain. The patient rates his pain as 9/10. Celebrex provides 20% relief and allows him to maintain some of his function. No adverse effects are noted other than transient drowsiness and control constipation. Review of systems is negative for heartburn. Current medications include Celebrex 200 mg 1 tablet daily. The diagnoses include chronic pain syndrome and post cervical laminectomy syndrome. The treatment plan recommends continuing the current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Celebrex 200 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of gastrointestinal (GI) complications. Within the documentation available for review, there is no identification of a high risk of GI complications. In the absence of such documentation, the currently requested Celebrex is not medically necessary.