

<b>Case Number:</b>	CM14-0069169		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 and is licensed to practice in Arizona. 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 44-year-old female who suffered a work-related injury on 3/5/2012. The patient has received significant treatment for neck as well as lower back pain. She has been undergoing interventional pain management with the diagnosis of facet syndrome and has received medial branch blocks as well as epidural injections. She has dissipated in physical therapy and chiropractic care as well as received acupuncture. She also carries a diagnosis annular disc disruption and high intensity zone. She has shoulder pain from a rotator cuff injury and has undergone surgery. Medications have been Percocet, Requip and Celebrex. The use of Celebrex and a prescription for 200 mg with 3 refills is disputed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 20mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) anti-inflammatory medication, chronic pain management, Cox 2 inhibitors. Page 56/611.

**Decision rationale:** The long-term use of non-steroidal drugs is not recommended due to the associated complications. Cox 2 inhibitors such as Celebrex may be considered if the patient has risk for gastrointestinal (GI) complications, but not for majority of patients. Generic non-steroidal anti-inflammatory drugs cox 2 inhibitors have similar efficacy and risk profile when used for less than 3 months, however the cost difference is 10-1. In this particular situation, clear-cut need for the use of Celebrex is not fully documented. Therefore this request is not medically necessary.