

<b>Case Number:</b>	CM14-0083205		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/28/2000
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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 injured worker is 65 year old female who reported an injury on 03/28/2000; the mechanism of injury was not indicated. The injured worker had diagnoses including degeneration of the intervertebral lumbosacral radiculitis. Prior treatment, diagnostic studies and surgical history were not provided in the medical records. The injured worker complained of lower back. The clinical note dated 08/15/2014 reported the injured worker was anxious, apprehensive, and tense. The injured worker's mood and affect were depressed, her attention span was poor, and she was easily distracted. The clinical note indicated the injured worker's pain was worse and her overall disposition was improved. The physician indicated the injured worker was benefitting from her medication regimen. Medications included Zanaflex, Topamax, Celebrex, Norco and Lidoderm patch. The treatment plan included a request for Celebrex 200mg #30 for lumbar spine pain. The rationale for the request decrease the injured worker pain was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 for lumbar spine pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, [www.odg-twc.com](http://www.odg-twc.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

**Decision rationale:** The request for Celebrex 200 mg #30 is not medically necessary. The injured worker complained of lower back. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines also note, COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation demonstrating the injured worker has significant gastrointestinal symptoms for which a gastrointestinal protectant would be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.