

<b>Case Number:</b>	CM14-0083487		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/19/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 52-year-old female with a date of injury on 7/19/09, with a post left knee meniscectomy done 10/20/09. On 5/28/14 there was a request for authorization for Celebrex 100mg quantity 30. There is documentation of objective findings of increased pain with cervical extension. The current diagnoses is; sprain lumbosacral, cervical sprain, carpal tunnel syndrome, degenerative joint disease of the knee, degenerative joint disease of the spine. Treatment to date is; activity modification, home exercise program, and medication (naproxen). There is no documentation of high-risk of gastro-intestinal (GI) complications with NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100mg q Quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs criteria necessary to support the

medical necessity of Celebrex. Within the medical information available for review, there is documentation of diagnoses of sprain lumbosacral, cervical sprain, carpal tunnel syndrome, degenerative joint disease knee, degenerative joint disease spine. However, there is no documentation of high-risk of GI complications with NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 100mg quantity 30 is not medically necessary.