

<b>Case Number:</b>	CM14-0084617		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/27/2004
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

This is a 47-year-old female with an 8/27/04 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/22/14, the patient complained of moderate aching and discomfort in the elbow, some intermittent tingling involving the right hand, more so than the left. Objective findings: minimal tenderness lateral epicondyles, minimal tenderness wrists, decreased grip strength, no sensory or motor dysfunction. Diagnostic impression: bilateral epicondylitis lateral tennis elbow, bilateral wrist sprain, bilateral arm tendinitis, bilateral carpal tunnel syndrome, bilateral bicipital tendonitis. Treatment to date: medication management, activity modification. A UR decision dated 5/7/14 denied the request for Celebrex. According to CA MTUS, Celebrex should not be used for long-term use and is not recommended as a first-line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg. #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. There is no documentation that the patient has had a trial of a first-line NSAIDs medication. There is no documentation that the patient is at an increased risk for gastrointestinal complications. In addition, there is no documentation of functional improvement from the patient's use of Celebrex. Therefore, the request for Celebrex 200mg #60 was not medically necessary.