

<b>Case Number:</b>	CM14-0091435		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/29/1995
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Family Practice, and is licensed to practice in Ohio. 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 a 44-year-old female whose date of injury was 5-18-1996 whereby she injured her thoracic spine being grabbed by a large patient. Her diagnoses include thoracic back pain, osteoporosis, and possibly hypertension but she appears to be not taking medication for this. The record reflects that she had a T4-T5 discectomy and fusion in 1996. She continues to complain in thoracic region back pain. The record reflects that she has been weaning from narcotic pain medication since February 2014 and that she has been using Celebrex and Aleve alternatively and in combination as well. Her physical exam has revealed tenderness to palpation over the spinous processes of the thoracic spine in in the region of L5-S1. This review pertains to request for Celebrex 200 mg with the rationale that this medication is a safer anti-inflammatory long-term and that it has helped with the narcotic weaning process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1. Celebrex 200mg #30: Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs Page(s): 67-69.

**Decision rationale:** Nonsteroidal anti-inflammatory drugs are recommended for chronic pain with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. For patients with no gastrointestinal risk factors and no heart disease, nonselective anti-inflammatories such as ibuprofen or Naprosyn suggested. For those with mild to moderate risk factors for heart disease and those with mild hypertension, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. In this instance, the injured worker has no demonstrable gastrointestinal risk factors and has mild to moderate risk for heart disease. Additionally she has demonstrated the ability to continue a narcotic wean on over-the-counter Naprosyn. Therefore, Celebrex 200mg #30 is not medically necessary.

## **2. Imitrex 50mg #15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Triptans

**Decision rationale:** Triptans, like Imitrex, are recommended for migraine headaches. A review of the record however fails to establish a diagnosis of migraine headaches or any evidence of efficacy of Imitrex regarding headaches. Therefore, Imitrex 50mg #15 is not medically necessary.