

<b>Case Number:</b>	CM14-0191082		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Physical Medicine Rehab, 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 49-year-old male with a 12/15/04 date of injury. According to a progress report dated 10/8/14, the patient rated his pain with medications as a 4/10 and without medications as a 5/10. He stated that his pain was worse and quality of sleep was poor. Objective findings: restricted lumbar range of motion, paravertebral muscles, spasms, tenderness, and tight muscle band noted on left side, lumbar facet loading positive on the left side, tenderness noted over the SI joints. Diagnostic impression: post lumbar laminectomy syndrome, sacroiliac pain, lumbar radiculopathy, spinal/lumbar degenerative disc disease. Treatment to date: medication management, activity modification, lumbar ESI, surgery, H-wave. A UR decision dated 10/17/14 denied the request for Celebrex. No significant gains in function or decrease in pain score was noted as a result of use of the medication, ongoing treatment with this medication is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 refill 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68 and 70.

**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 -

Celebrex; Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) JAMA  
September 13, 2000, Vol 284, No. 10

**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. However, in the present case, there is no documentation that this patient has had a trial and failure of a first-line NSAID medication. In addition, there is no documentation of significant functional improvement from his use of Celebrex. Furthermore, there is no documentation that this patient is at an increased risk of gastrointestinal complications. Therefore, the request for Celebrex 200mg #30 refill 3 was not medically necessary.