

<b>Case Number:</b>	CM14-0024209		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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, 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:

This is a patient with a date of injury of September 3, 2008. A utilization review determination dated February 21, 2014 recommends non-certification of Celebrex. A report dated June 10, 2014 identifies subjective complaints of low back pain and right lower extremity pain which has been increased. The increase started after a reduction of Duragesic patch dose. She is having difficulty performing activities of daily living and has been more sedentary. She has not been able to return to the gym or to aquatic exercise classes. The patient reports that she would like to continue weaning down the pain medication but feels that she will be mostly bedridden with further reduction. The patient's current medication regimen consists of Duragesic 12 , Norco, Cymbalta, gabapentin, and Celebrex. She denies any side effects from the current medications. Physical examination findings revealed tenderness in the lumbar spine with spasm noted in the paraspinal musculature. Diagnoses include lumbar disc protrusion, lumbar radiculopathy, lumbar facet arthrosis, and chronic pain. The treatment plan recommends biofeedback, continue Duragesic at the current dose and continue weaning the following month, continues Norco, continue Cymbalta, continue Neurontin, and continue Celebrex. Additionally, acupuncture is requested. A progress report dated February 7, 2014 indicates that the patient's pain is increased since she ran out of Celebrex due to denial by her industrial carrier. Duragesic was also denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200MG #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30.

**Decision rationale:** Regarding the request for Celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, the requesting physician has noted that the patient's pain is significantly worse after Celebrex was discontinued. Additionally, no side effects have been reported from its use. It is acknowledged that there is no specific documentation of functional improvement for this medication, or justification for the use of Celebrex as opposed to nonspecific NSAIDs. However, since the patient's Duragesic is currently being weaned and has recently been denied, and other treatments attempted by the physician have been denied or delayed, it seems reasonable to continue the patient's Celebrex for at least one more month to allow further weaning of the patient's Duragesic, and additional documentation to support its ongoing use. Therefore, the currently requested Celebrex is medically necessary.