

<b>Case Number:</b>	CM15-0100820		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	01/11/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 65 year old female who sustained an industrial injury on 01/11/2014. The injured worker was diagnosed with bilateral calcaneal spurs and bilateral fibromatosis plantar fasciitis. Treatment to date includes diagnostic testing, bilateral foot orthotics, acupuncture therapy (8 sessions completed) and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience bilateral foot pain. Examination demonstrated normal muscle tone without atrophy and no swelling of the extremities. The injured worker reported that generic Celebrex was not as effective and she received more rapid relief with the brand name. Current medication is Celebrex (brand). Treatment plan consists of the current request for renewal of Celebrex 200mg brand name only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30, Brand only: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, page(s) 67-73.

**Decision rationale:** While NSAID have been successful in reporting improvement of subjective pain symptoms, objective supporting evidence of efficacy is lacking including improvement in functional capacity or physical exam findings. Additionally there is not adequate clinical evidence to suggest that brand named celebrex is more objectively effective than generic option. Consequently the requested treatment is not medically necessary.