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| <b>Case Number:</b>   | CM15-0103326 |                              |            |
| <b>Date Assigned:</b> | 06/05/2015   | <b>Date of Injury:</b>       | 05/20/2009 |
| <b>Decision Date:</b> | 07/10/2015   | <b>UR Denial Date:</b>       | 04/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/29/2015 |

### 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

Certification(s)/Specialty: Family Practice

### 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 25 year old male, who sustained an industrial injury on 5/20/2009. He reported injury when pushing a vehicle. The injured worker was diagnosed as having lumbar sprain, lumbar disc displacement and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 4/16/2015, the injured worker complains of chronic back pain. Physical examination showed a normal gait and no acute distress. The treating physician is requesting Celebrex 200 mg #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** This patient receives treatment for chronic pain involving the lower back. This relates back to an industrial injury dated 05/20/2009. This review addresses a request for Celebrex 300 mg with 3 refills. Celebrex is a COX-2 inhibitor, an NSAID. The COX-2 inhibitors offer a lowered risk of GI side effects, but they do so with an increased risk of cardiovascular side effects. The guidelines caution prescribers against using NSAIDs for the long-term management of chronic pain. The documentation does not show an improvement in function with this drug. In addition, long-term clinical studies do not show evidence of long-term effectiveness for pain or function when patient take NSAIDs over the long-term. Celebrex is not medically necessary.