

<b>Case Number:</b>	CM15-0133078		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/13/2000
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 an 80 year-old female who sustained an industrial injury on 09/13/2000. Initial diagnoses, diagnostic testing, and treatments are not available. Current diagnoses include lumbar degenerative disc disease, and cervical disc disorder. Treatment to date has included symptomatic medication management. Currently, the injured worker complains of neck and low back pain that radiates into her right arm and right leg. Her medications help reduce the pain by 60%, but ibuprofen bothers her stomach for which she requires omeprazole. Celecoxib previously helped her pain. Physical examination is remarkable for decreased range of motion of the cervical and lumbar spine. She has lumbar spine spasms and tightness with leg raising; Achilles reflexes are decreased. Requested treatments include Celecoxib 200mg. The injured worker's status is reported as maximum medical improvement, on social security. Date of Utilization Review: 06/23/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Celecoxib 200mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** Guidelines recommend NSAIDs at the lowest effective dose for the shortest period of time. In this case, there is a lack of documentation of pain relief. The request for Celebrex 200mg is not medically appropriate and necessary.