

<b>Case Number:</b>	CM15-0144336		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 58-year-old male who sustained an industrial injury on 03/05/2001. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Chronic pain syndrome. Post-laminectomy syndrome, lumbar region Treatment to date has included medications, injections, and aqua therapy. He also had knee surgery, lumbar fusion, and in 2010, a spinal cord stimulator. Currently, the injured worker complains of chronic pain. His internal stimulator is not working, but he has an external device, a RS-4i sequential stimulator that works. Medications include Avinza, Carisoprodol, Celecoxib, Eszopiclone, Norco, Topiramate, and Lidocaine patches. Medications provide 40% pain relief, improved level of function, and allow an increase in activities of daily living. On 05-13-2015, the pain levels are described as worsening aching, numbness and tingling in the lower back and radiating into the left lower extremity. His neck pain is worsening described as tingling, weakness, and numbness and radiating to the left upper extremity. On exam, his lumbar spine has Kyphosis, and there is noted tenderness of the paraspinal region at L3 and of the iliolumbar region. There is also tenderness of the sacrum, and of the gluteus maximus and piriformis. A request for authorization was made for the following: Celecoxib 200 mg, provided June 15, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celecoxib 200 mg, provided June 15, 2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67-73.

**Decision rationale:** Celecoxib 200 mg provided June 15, 2015 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Celebrex for an extended period without evidence of functional improvement and with persistent pain. The request for continued Celebrex is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. Furthermore, the MTUS supports Celebrex only if the patient has a risk of GI complications, which is not evident from the submitted documentation. The request as written does not specify a quantity. For all of these reasons the request for continued Celebrex is not medically necessary.