

<b>Case Number:</b>	CM15-0145455		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Texas, New York, California

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 applicant is a represented 54-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 26, 2006. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for Celebrex. A July 15, 2015 RFA form was referenced in the determination. The full text of the UR determination was not seemingly attached to the application. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of depression. The applicant was using Omeprazole for medication-induced gastritis, it was reported. The applicant was also using Celebrex at a rate of twice daily. The applicant stated that her medications were reducing her pain scores from 7/10 without medications to 2/10 with medications. The applicant then stated that she was having difficulty standing and walking for more than a few minutes continuously. The applicant had received earlier lumbar epidural injection therapy, it was reported. The applicant was on Xanax, Fioricet, Celebrex, Neurontin, Lidoderm patches, Allegra, metformin, Pamelor, Prilosec, and Desyrel, it was reported. The applicant was placed off of work, on total temporary disability. On July 13, 2015, the applicant again reported ongoing complaints of low back pain with ancillary complaints of knee pain. The applicant was on Xanax, Fioricet, Celebrex, Neurontin, Lidoderm patches, Allegra, metformin, Pamelor, Prilosec, and Desyrel, it was reported. Derivative complaints of sleep disturbance and anxiety were evident. The applicant's BMI was 30. Both Celebrex and Prilosec were renewed. The attending provider contended that the applicant's usage of Celebrex had ameliorated her ability to perform housework, assist family members, and perform meal preparation. On May 11, 2015, the attending provider reiterated that Celebrex

was reducing the applicant's pain scores by 50%. The applicant was placed off of work, on total temporary disability, on this date. The applicant was apparently performing a daily exercise program/daily walking program, the treating provider contended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Celebrex 200mg #60 2 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Yes, the request for Celebrex, a COX-2 inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex may be considered in applicants who are at heightened risks for development of GI complications. Here, the attending provider contended that the applicant had a history of reflux, necessitating provision of Celebrex in favor of nonselective NSAIDs. The attending provider's report did suggest that the applicant's pain scores were reduced by 50% because of ongoing medication consumption. The attending provider contended that ongoing use of Celebrex was ameliorating the applicant's ability to perform home exercises, walk on a daily basis, assist in meal preparation, assist family members on a day-to-day basis, etc. Continuing the same, on balance, was indicated, given the applicant's favorable response to the same. Therefore, the request was medically necessary.