

<b>Case Number:</b>	CM15-0149775		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	06/07/2007
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on June 7, 2007. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having status post Left laminectomy, status post lumbar 4-lumbar 5 posterior lumbar interbody fusion and posterior spinal instrumentation and fusion in 2013, lumbar 4-lumbar 5 grade 2 spondylosis, lumbar 3-lumbar 4 and lumbar 4- lumbar 5 facet arthropathy confirmed with diagnostic medial branch blocks, lumbar 3-4 and lumbar 4-5 degenerative disc disease, lumbar 4 bilateral foraminal stenosis, lumbar 4 radiculopathy, and status post hardware removal from lumbar 4-sacral 1 on June 5, 2015. The most recent CT scan of the lumbar spine, performed on March 19, 2014, revealed the lower disc space is lumbar 5-sacral 1 instead of the rudimentary sacral 1-sacral 2 disc space, and interpedicular screws at the right lumbar 4-lumbar 5 and left lumbar 4-sacral 1 with stabilizing rods in place. At the lumbar 4-lumbar 5 disc space, there was a wide decompressive laminectomy, medial facetectomy, left foraminotomy and anterior fusion grafter. There was a solidly incorporated left fusion graft onto the opposing endplates and a more centrally positioned fusion graft partly incorporated predominately within the inferior endplate of lumbar 4. A 1-2 millimeter anterolisthesis is suspected. There is adequate decompression of the thecal sac following the foraminotomy and a wide decompressive laminectomy. There was scarring noted posterior to the thecal sac and suspected scarring in the left lumbar 5 lateral recess and proximal left lumbar 4 foramen. Treatment to date has included medial branch blocks and medications including opioid analgesic, muscle relaxant, and non-steroidal anti-inflammatory. There were no

noted previous injuries or dates of injury, and no noted comorbidities. Her work status is permanent and stationary with work restrictions that include no repetitive lifting, pushing, or pulling over 45 pounds. No repetitive bending and scooping. On June 29, 2015, the injured worker reported continued lower back pain with intermittent radiation into the left lower extremity. Her pain was rated 3 out of 10 with medications and 6 out of 10 on a visual analogue scale. She reported intermittent flare-ups that require medications. The physical exam revealed a normal gait, a postoperative scar over the lower lumbar spine, tenderness to palpation over the midline lower lumbar spine, tenderness over the right sacroiliac joint, decreased sensation over the left lumbar 3 and lumbar 5 dermatome distributions, normal strength in the bilateral lower extremities. And negative straight leg raise bilaterally. The treatment plan includes continuing Celebrex.

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

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

**Celebrex 200mg #60 with 4 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 Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** The patient was injured on 06/07/07 and presents with low back pain which radiates to the left lower extremity. The request is for Celebrex 200 mg #60 with 4 refills. There is no RFA provided and the patient is permanent and stationary with work restrictions that include no repetitive lifting, pushing, or pulling over 45 pounds. There is no indication of when the patient began taking this medication and only one progress report is provided from 06/29/15. MTUS Guidelines, Anti-inflammatory Medications, page 22 states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "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. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-1 difference in cost". The patient has tenderness to palpation over the midline lower lumbar spine, tenderness over the right sacroiliac joint, and decreased sensation over the left L3 and L5 dermatome distributions. She is diagnosed with status post Left laminectomy, status post L4-5 posterior lumbar interbody fusion and posterior spinal instrumentation and fusion in 2013, L4-5 grade 2 spondylosis, L3-4 and L4-5 facet arthropathy confirmed with diagnostic medial branch blocks, L3-4 and L4-5 degenerative disc disease, L4 bilateral foraminal stenosis, L4 radiculopathy, and status post hardware removal from L4-S1 1 on June 5, 2015. On 06/29/15, she rated her pain as a 3/10 with medications and a 6/10 without medications. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides no discussion regarding how Celebrex has specifically impacted the patient's pain and function. Therefore, the requested Celebrex is not medically necessary.