

<b>Case Number:</b>	CM15-0185107		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/05/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, 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:

This is a 48-year-old female patient, who sustained an industrial injury on 3-5-07. The diagnoses include thoracic or lumbosacral neuritis or radiculitis, unspecified; complex regional pain syndrome and low back pain with referring pain to the right leg. Per the doctor's note dated 9-25-15, she had pain at its worst 10 out of 10 without medications and at its least at 4 out of 10 and on an average at 8 out of 10 with medications and currently at 6/10. Per the doctor's note dated 8-28-15 she had complaints of right upper extremity and neck and base of the skull pain. She had pain at its worst 10 out of 10 without medications and at its least at 4 out of 10 and on an average at 8 out of 10 with medications. The physical examination revealed cervical spine; tenderness to palpation and normal range of motion in flexion, extension, lateral flexion and rotation. Right elbow; slightly decreased range of motion. Right shoulder; slightly decreased range of motion and positive impingement. Lumbar spine; slight tenderness to palpation on right lower back; decreased grip strength with the right hand. The medications list includes gabapentin; nalfon; celebrex; norco; cymbalta; omeprazole; cyclobenzaprine; doc-Q-lax; Fibercon; diclofenac sodium; dolgic plus orphenadrine-aspirin-caffeine and topical cream. Per the note dated 12/14/2012, patient has history of abdominal pain. Per the note dated 9-03-2015, she had complains of low back pain, not rated. She reported using Celebrex as needed for pain and "has not noticed any significant side effects". She had been utilizing Prilosec daily since spinal surgery. She vomited coffee grounds. She had an endoscopy which revealed an esophageal lesion and subsequent development of reflux. It was documented that reflux was "improved with Prilosec". Treatment to date has included cervical spine surgery, cervical spinal cord stimulation; ulnar nerve decompression surgeries times two and right shoulder surgery. She has had physical therapy for this injury. She has had urine toxicology screening test results with consistent

findings. The original utilization review (9-16-15) non-certified the request for celebrex 200mg #15.

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

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

**Celebrex 200mg, #15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Celebrex 200mg, #15. Celebrex contains Celecoxib which is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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." Per the records provided patient had chronic musculoskeletal pain with history of multiple surgeries. Per the note dated 12/14/2012, the patient has a history of abdominal pain. Per the note dated 9-03-2015, she reported using Celebrex as needed for pain and "has not noticed any significant side effects". She had an endoscopy, which revealed an esophageal lesion and subsequent development of reflux. NSAID like COX-2 inhibitors (e.g., Celebrex) is appropriate in this patient with history of GI symptoms to manage chronic pain. In addition, the requested quantity of Celebrex is small (15) and patient uses it on an as needed basis. The request of Celebrex 200mg, #15 is medically appropriate and necessary for this patient at this time.