

<b>Case Number:</b>	CM15-0188124		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/21/2007
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old male, who sustained an industrial injury on 8-21-07. The injured worker was diagnosed as having posttraumatic organic brain syndrome. Medical records (2-9-15 through 7-8-15) indicated improving neuropsychological status with medications and therapy. There is no musculoskeletal evaluation documented. Treatment to date has included psychological treatments, Excelon and Namenda. As of the PR2 dated 7-28-15, the injured worker reported making every attempt to stay active and involved. The treating physician noted that the injured worker and restarted on Aricept and the neurological examination otherwise remained unremarkable. The treating physician requested Celebrex 10mg #30. On 8-7-15 the treating physician requested a Utilization Review for Celebrex 10mg #30. The Utilization Review dated 8-25-15, non-certified the request for Celebrex 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 10mg quantity 30:** Upheld

**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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The claimant sustained a work injury in August 2007 with a crush injury to the skull with significant traumatic brain injury. His medical history includes hypertension, diabetes, obesity, gout, and gastroesophageal reflux disease. He has a history of organic brain syndrome and is also being treated for depression. In April 2015 ibuprofen and famotidine were being prescribed. When seen, he had been restarted on Aricept. He was no longer having nightmares. He had more energy. His mood swings had improved. He was alert and cooperative. Authorization for Celebrex is being requested. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is no ongoing indication for this medication and the claimant has gastroesophageal reflux disease, which would be a relative contraindication to an oral NSAID. There are no reports of ongoing pain or inflammatory condition. The request is not medically necessary.