

<b>Case Number:</b>	CM15-0188240		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/15/2015
<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: Arizona, 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:

The injured worker is a 56 year old female who sustained an industrial injury 11-28-06. A review of the medical records reveals the injured worker is undergoing treatment for neck pain, sacrum disorders, cervicocranial syndrome, and pain in the shoulder joint. Medical records (09-01-15) reveal the injured worker complains of neck and lower back in rated at 3/10. She reports a "slight improvement" in her pain since her previous follow-up. The physical exam (09-01-15) reveals "normal muscle tone without atrophy" in all 4 extremities. Prior treatment includes physical therapy and medications. The treating provider reports the lumbar spine x-ray (05-085-14) reveals unchanged L4 retrolisthesis and mild to moderate degenerative disk disease at L2-3. The MRI of the lumbar spine (03-08-14) revealed multiple annular disc protrusions and facet arthropathy. The original utilization review (09-15-15) non-certified the request for Celebrex 2500mg #30 with a refill of #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with one refill of #60 (#90 total): 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), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, the claimant was on Celebrex along with proton pump inhibitors and H2 blocker. Since the claimant required significant gastric protection while on a COX 2 inhibitor, the Celebrex would not be appropriate choice. There was no mention of Tylenol failure. The Celebrex is not medically necessary.