

<b>Case Number:</b>	CM15-0189686		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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:

This 57 year old female sustained an industrial injury on 2-19-14. Documentation indicated that the injured worker was receiving treatment for right ankle and foot pain, history of right first metatarsal fracture and osteoarthritis of the right metatarsal joints. Previous treatment included physical therapy, casting, walking boot, casting and medications. In PR-2's dated 2-27-15, 3-27-15, 4-24-15, 5-21-15, 6-18-15 and 7-16-15, the injured worker complained of pain 7 to 8 out of 10 on the visual analog scale without medications and 4 to 6 out of 10 with medications. In a visit note dated 8-19-15, the injured worker presented for a second surgical opinion. The injured worker had been recommended fusion inside of the first metatarsal. The injured worker complained of persistent right ankle pain associated with numbness. The physician documented that magnetic resonance imaging and x-rays showed healed metatarsal fractures with minimal osteoarthritis. Physical exam was remarkable for "normal" ankle range of motion, intact sensation and "pain out scale to stimuli", weakness to the extensor, flexor and peroneal tendons. "Significant" muscle and skin atrophy were noted. The physician stated that complex regional pain syndrome and wasting effect were a possibility and recommended physical therapy. In a visit note dated 8-13-15, the injured worker complained of persistent pain and numbness in the right foot, rated 6 to 7 out of 10 without medications and 4 to 5 with medications. The physician noted that Celebrex was controlling her pain. The injured worker had tried Ibuprofen which caused gastric irritation. Celebrex had caused heartburn. The injured worker was now able to tolerated Celebrex with the use of Omeprazole. The injured worker had been prescribed

Celebrex since 2-27-15. The treatment plan included continuing Celebrex and Omeprazole. On 8-27-15, Utilization Review noncertified a request for Celebrex 200mg #30 with one refill.

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

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

**Celebrex 200mg capsule, take 1 cap by mouth daily as needed, QTY: 30 with 1 refill:**

Overtured

**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, specific drug list & adverse effects.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, the injured worker has previously used ibuprofen which caused significant GI upset. The treating physician requested Naproxen but it was denied. The injured worker has had good pain relief with the use of Celebrex and is intolerant to ibuprofen, therefore, the request for Celebrex 200mg capsule, take 1 cap by mouth daily as needed, QTY: 30 with 1 refill is medically necessary.