

<b>Case Number:</b>	CM15-0195865		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/09/1992
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Emergency 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:

The injured worker is a 64 year old female, who sustained an industrial-work injury on 7-9-92. A review of the medical records indicates that the injured worker is undergoing treatment for brachial neuritis or radiculitis, cervical spondylosis and cervicgia. Treatment to date has included pain medication Lorazepam, Zoloft, Gabapentin, Cyclobenzaprine, Celebrex since at least 4-23-15, trialed and failed Naproxen, Topamax, and Ibuprofen, physical therapy at least 10 sessions, acupuncture, chiropractic, radiofrequency ablation, traction, injections, and other modalities. Medical records dated 6-2-15 and 8-4-15 indicate that the injured worker complains of constant non radiating neck pain and headache increased by sitting and work and decreased with rest and medications. The headaches and neck pain continue, she experiences discomfort daily and it is beginning to affect her work. The pain is rated 5-7 on the pain scale wick has been unchanged. Per the treating physician report dated 8-4-15 the injured worker has returned to work. The physical exam dated 8-4-15 reveals decreased neck range of motion, tenderness to palpation over the cervical spine and occital groove. The physician indicates that he prescribed Tizanidine to relieve muscle spasms, stiffness and tension headaches. She will trail Mobic but she notes that Celebrex works the best for her but the insurance will not cover it. The requested service included Celebrex (Celecoxib) 200mg #30 with 5 refills. The original Utilization review dated 9-23-15 non-certified the request for Celebrex (Celecoxib) 200mg #30 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex (Celecoxib) 200mg #30 with 5 refills: Upheld**

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

**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:** Celebrex is a COX-2 selective inhibitor, an NSAID. As per MTUS Chronic pain guidelines, COX-2 inhibitors like Celebrex is recommended only for patients with risk of gastrointestinal events like bleeds. There is no documentation of patients other medical problems or any risks for GI events. Guideline also recommend NSAIDs only for short term use. Celebrex has the same increased risk for heart attack, stroke and GI problems with chronic use. The number of refills is excessive, dangerous and fails MTUS guidelines concerning appropriate monitoring and assessment. The documentation fails to support any need for a COX-2 inhibitor. Celebrex is not medically necessary.