

<b>Case Number:</b>	CM15-0197310		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/17/2005
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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:

This is a 66 year old female with a date of injury of June 17, 2005. A review of the medical records indicates that the injured worker is undergoing treatment for chronic severe back pain, chronic right sacroiliac joint pain, degenerative disc disease with history of multilevel discectomy, myofascial pain and spasm, and poor sleep hygiene. Medical records dated July 13, 2015 indicate that the injured worker complained of new symptoms of burning sensation to the lateral and medial aspects of the left leg, sacroiliac joint pain that remained unchanged, and pain rated at a level of 7 to 9 out of 10 on average. Records also indicate that the injured worker is doing well with her current medications. A progress note dated September 18, 2015 documented complaints of pain rated at a level of 7 to 8 out of 10 on average. Per the treating physician (July 13, 2015), the employee has returned to work. The physical exam dated July 13, 2015 reveals no new deficits and ongoing axial lower back pain right greater than left. The progress note dated September 18, 2015 documented a physical examination that showed significant facetogenic pain with pain on extension. Treatment has included right sacroiliac radiofrequency ablation with excellent relief, right lumbar medial branch block (September 2, 2015) with greater than 60% improvement in right sided back pain, and medications (Celebrex 200mg twice a day, Flector patches %5 once a day, Lyrica 50mg one to two capsules three times a day as needed, Nucynta 50mg one half to one tablet every evening as needed, and Tramadol 50mg four times a day since at least April of 2015). The treating physician documented that the urine drug screen dated July 13, 2015 showed results that were "Consistent." The original utilization review (September 28, 2015) non-certified a request for Celebrex 200mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**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, NSAIDs are recommended for short term pain relief. Chronic use increases risk of strokes and cardiovascular complications. As per MTUS Chronic pain guidelines, COX-2 inhibitors like Celebrex is recommended only for patients with risk of gastrointestinal events like bleeds or failure of other treatment modalities like PPIs. There is no documentation of patient's other medical problems or any risks for GI events. While patient is at an increased risk for GI bleeds due to age, the fact that patient has been on celebrex chronically is not supported by guidelines. Chronic use of celebrex has significant risks. Not medically necessary.