

<b>Case Number:</b>	CM15-0205972		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, Illinois

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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 9-14-10. The injured worker was diagnosed as having discogenic cervical condition, facet inflammation, discogenic lumbar condition with radiculitis, and chronic pain. Treatment to date has included TENS, use of a back brace, chiropractic treatment, and medication including Ultracet and Protonix. Physical examination findings on 9-29-15 included tenderness along the lumbar spine with a positive Patrick's test. Weakness to resisted function was noted in the lower extremities. Tenderness was also noted along the facets. The injured worker's pain rating was not noted. On 9-29-15, the injured worker complained of neck and low back pain. On 9-29-15, the treating physician requested authorization for Celebrex 200mg #30. On 10-7-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The injured worker sustained a work related injury on 9-14-10. The medical records provided indicate the diagnosis of discogenic cervical condition, facet inflammation, discogenic lumbar condition with radiculitis, and chronic pain. Treatments have included TENS, back brace, chiropractic treatment, and medication including Ultracet and Protonix. The medical records provided for review do not indicate a medical necessity for Celebrex 200 MG #30. The MTUS recommends the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. Celebrex is a COX-2 selective NSAID, which is recommended by the MTUS for patients at intermediate risk for gastrointestinal events and no cardiovascular disease; and for patients at high risk for gastrointestinal events with no cardiovascular disease. Like other NSAIDs, the MTUS recommends only acute use of NSAIDs, due to the risk of adverse effects like kidney failure, hypertension, delayed wound healing, and gastrointestinal side effects. The medical records indicate the injured worker has been taking NSAIDs at least since 06/2015, without documentation of monitoring for blood count, liver and kidney functions as recommended by the MTUS. Therefore, it is not medically necessary to continue the use of NSAIDs, including Celebrex, in this injured worker.