

<b>Case Number:</b>	CM15-0206017		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<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: 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 35 year old male, who sustained an industrial injury on December 13, 2007. The injured worker was diagnosed as having chronic low back pain with lower limb radiculitis, status post lumbar five to sacral one fusion with lumbar four to five disk arthroplasty with failure of fusion at lumbar five to sacral one and failure of disc arthroplasty at lumbar four to five per radiology findings on August 10, 2010, status post lumbar fusion revision and removal of artificial disc at lumbar four to five and lumbar five to sacral one on July 28, 2011, spasticity of the lower extremity post back surgery, opioid-dependence with chronic pain, insomnia and depression, constipation, nausea, and gastrointestinal upset from narcotic use, and spasm. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, and above noted procedures. In a progress note dated September 02, 2015 the treating physician reports complaints of "moderate to severe" pain to the back and legs with the right worse than the left along with anxiety, depression, and insomnia. Examination performed on September 02, 2015 was revealing for decreased range of motion to the lumbar spine, tenderness and spasm to the lumbar and low thoracic paraspinal muscles, and positive straight leg raises that causes the pain in the back to radiate into the buttocks and below the knee on the right. The injured worker's medication regimen on September 02, 2015 included Nucynta, Prozac, Orphenadrine, Xanax, Zofran, Requip, Elavil, Celebrex (since at least prior to September 02, 2015), and Oxycontin. The treating physician noted on September 02, 2015 and on August 12, 2015 that the injured worker had decreased the Nucynta from 5 a day to 2 a day and noted a reduction in the "ability to work and function", but noted a pain level of a 5 to 6 out of 10 with 2

Nucynta and Oxycontin and a pain level of a 7 to 8 out of 10 with 5 Nucynta and Oxycontin. The progress note did not include the injured worker's pain level as rated on a pain scale prior to use of all of his medications in his medication regimen and after use with all of the medications in the medication regimen to indicate the effects with the use of the injured worker's medication regimen. The treating physician requested Celebrex 200mg with a quantity of 30 noting current use of this medication. On October 07, 2015, the Utilization Review denied the request for Celebrex 200mg with a quantity of 30.

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

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

**Celebrex 200mg, QTY: 30.00: 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The requested Celebrex 200mg, QTY: 30.00, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has complaints of "moderate to severe" pain to the back and legs with the right worse than the left along with anxiety, depression, and insomnia. Examination performed on September 02, 2015 was revealing for decreased range of motion to the lumbar spine, tenderness and spasm to the lumbar and low thoracic paraspinal muscles, and positive straight leg raises that causes the pain in the back to radiate into the buttocks and below the knee on the right. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg, QTY: 30.00 is not medically necessary.