

<b>Case Number:</b>	CM15-0209513		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/05/2007
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 48 year old, female who sustained a work related injury on 3-5-07. A review of the medical records shows she is being treated for neck and right arm pain. In the progress notes dated 8-28-15 and 9-25-15, the injured worker reports pain in neck, right arm and at base of skull. She reports the pain radiates to right arm and right leg. She reports her pain level at this visit a 6 out of 10 with medications. She reports her average pain level rating is an 8 out of 10. At best, pain level is 4 out of 10 and at worst without medications, her pain level is 10 out of 10. These pain levels have not changed in the last several visits. On physical exam dated 9-25-15, she has tenderness to touch of neck. She has normal cervical range of motion. She has slight tenderness to palpation of the right lower back. She has decreased right hand grip strength. Treatments have included use of a spinal cord stimulator and medications. Current medications include Cymbalta, Norco, Omeprazole, Celebrex, Cyclobenzaprine, Diclofenac and Norflex. She has been taking the Celebrex since August, 2015. There is no notion of working status. The treatment plan includes requests for medication refills. The Request for Authorization dated 9-25-15 has a request for an office visit and medications of Norco, Cymbalta, Omeprazole, Celebrex, Cyclobenzaprine, Doc-Q-Lax and FiberCon. In the Utilization Review dated 10-15-15, the requested treatment of Celebrex 200mg. 1 tablet every morning #30 with 2 refills is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg Qty 30 with 2 refills, 1 tablet every morning for 30 days: 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, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 NSAIDs specific drug list, states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case the exam notes from 8-28-15 and 9-25-15 does not demonstrate any evidence of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. There is not documentation of previous history of gastrointestinal complication. Therefore the determination is not medically necessary.