

<b>Case Number:</b>	CM15-0023439		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/02/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 54-year-old female injured worker suffered an industrial injury on 3/2/2005. The diagnoses were cervical facet syndrome, cervical pain, shoulder pain, pain in the joint of lower leg, lumbar radiculopathy, and low back pain. The diagnostic studies were lumbar, left shoulder and cervical magnetic resonance imaging. The physical examination reveals diminished lumbar and cervical range of motion with paraspinal muscular tenderness in both locations. On 1/20/2015, the treating provider reported neck pain, back pain radiating from low back down left leg, lower back pain and left shoulder pain. Pain had decreased pain since last visit and pain was 8/10 without medications and 5/10 with medications. The treatment plan included Celebrex and percocet for pain and Pepcid for NSAID induced GI distress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** For osteoarthritis, NSAIDS like Celebrex Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDS appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDS and COX-2 NSAIDS in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDS have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDS and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this instance, the injured worker has osteoarthritis as given by her diagnosis of cervical facet disease. She has intolerance to OTC naprosyn and Ibuprofen as they cause nausea and vomiting. The Celebrex has been safe and effective for her. It has allowed her to use less opioids. She has returned to the work place and hence is more functional. Therefore, Celebrex 200 mg #30 is medically necessary.

**Pepcid:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** For the treatment of dyspepsia secondary to NSAID therapy, the guidelines recommend stopping the NSAID, switching to a different NSAID, or considering H2-receptor antagonists or a PPI. In this instance, the injured worker has been switched to Celebrex. The Pepcid continues to help with her NSAID induced dyspepsia. Therefore, Pepcid 20 mg #30 is medically necessary.