

<b>Case Number:</b>	CM15-0027781		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 33 year old female, who sustained an industrial injury on 8/29/2011. She reports a heavy box fell over and hit the back of her neck and left upper back. Diagnoses include neck sprain/strain, lumbosacral sprain/strain and cervicalgia. Treatments to date include chiropractic care, physical therapy and medication management. A progress note from the treating provider dated 1/21/2015 indicates the injured worker reported mid and lower back pain. On 2/3/2015, Utilization Review non-certified the request for Celebrex 200mg #30, citing MTUS.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX-2 nonsteroidal anti-inflammatory drugs have fewer G.I. side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnosis are thoracic sprain/strain injury; lumbar sprain/strain injury; and myofascial pain syndrome. The documentation in the record indicates the injured worker tried Naprosyn and Motrin and developed stomach upset. Documentation does not show evidence of a proton pump inhibitor or H2 receptor blocker in a trial prior to starting Celebrex. Procedurally, a proton pump inhibitor and or and H2 receptor blocker is indicated prior to starting Celebrex. Consequently, absent clinical documentation with an H2 receptor blocker and or a proton pump inhibitor, Celebrex 200 mg #30 is not medically necessary.