

<b>Case Number:</b>	CM15-0034497		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Texas, California  
 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:

This is a 51-year-old male patient, who sustained an industrial injury on 02/01/2007. The diagnoses have included lumbar degenerative disc disease and lumbar radiculopathy. He sustained the injury while reconnecting an INW head to an INW bar lift. Per the progress note dated 12/31/2014, he had complaints of low back pain and right leg pain with numbness. The physical examination revealed pain in right L4 and L5 and left L5 distribution, 5/5 strength in bilateral lower extremities; positive straight leg raising test bilaterally. The medications list includes norco, soma and lyrica. He has had diagnostics studies including CT scan of the lumbar spine which showed successful fusion from L2-S1 per visit noted dated 08/20/2014. He has undergone lumbar fusion on 12/20/2013. He has had physical therapy and occupational therapy for this injury. Utilization Review determination on 02/10/2015 non-certified the request for Celebrex 200mg 1 by mouth, count #60, with 6 refills citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg 1 PO BID count #60 with 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back, Hardware injection (block).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22Celebrex, Page 30.

**Decision rationale:** Request: Celebrex 200mg 1 PO BID count #60 with 6 refills Celebrex contains Celecoxib, which is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines 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. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen. According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Response to generic NSAIDs like ibuprofen or naproxen is not specified in the records provided. Continuous use of Celecoxib 200 mg bid for 6 months as prescribed could cause kidney dysfunction. It is not clear from the records provided as to how the pt will be monitored for such potential adverse effects of the continuous use of high dose celecoxib for a prolonged period of 6 months. The medical necessity of Celebrex 200mg 1 PO BID count #60 with 6 refills is not fully established for this patient at this time.