

<b>Case Number:</b>	CM15-0040501		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: District of Columbia, Virginia  
 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 55 year old female, who sustained a work/industrial injury on 4/26/06. She has reported initial symptoms of low back pain. The injured worker was diagnosed as having lumbar disc disease. Treatments to date included medication (Celebrex, Omeprazole, alprazolam, Butalbital, Gabapentin, Lidoderm patch, Loratadine, Nortriptyline, Tramadol, Trazodone), pain management, and physical therapy. Currently, the injured worker complains of chronic lumbar pain and stiffness (R>L) reported as aching with pain rating of 7-8/10. The pain interfered with sleep. Diagnosis was lumbar facet joint syndrome. The treating physician's report (PR-2) from 2/16/15 indicated that using Celebrex for pain management gave report of 50% pain decrease. Exam noted antalgic gait favoring the right. Treatment plan was to reorder medication to include Celebrex for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 30, 70.

**Decision rationale:** Per MTUS: Celebrex is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib 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. See Anti-inflammatory medications. See NSAIDs (non-steroidal anti-inflammatory drugs) for specific patient decision-making criteria. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Selective COX-2 NSAIDs: Celecoxib (Celebrex) is the only available COX-2 in the United States. No generic is available. Mechanism of Action: Inhibits prostaglandin synthesis by decreasing cyclooxygenase-2 (COX-2). At therapeutic concentrations, cyclooxygenase-1 (COX-1) is not inhibited. In animal models it works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. Use: Relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylitis. Side Effects: See NSAIDs, hypertension and renal function; & NSAIDs, GI Symptoms and Cardiovascular Risks. Cardiovascular: Hypertension (13%) CNS: headache (15.8%), dizziness (1% - 2%), insomnia (2.3%); GI: diarrhea (4% to 11%), dyspepsia (8.8% vs. 12.8% for ibuprofen and 6.2% for placebo), abdominal pain (4.1% vs. 9% for ibuprofen and 2.8% for placebo), N/V (3.5%), gastroesophageal reflux (5%), flatulence (2.2%); Neuromuscular/ skeletal: arthralgia (7%), back pain (3%); Respiratory: upper respiratory tract infection (8%), cough (7%), sinusitis (5%), rhinitis (2%), pharyngitis (2%); Skin Rash (2%) discontinue if rash develops; Peripheral Edema (2.1%). Recommended Dose: 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert). This is a selective NSAID. From the clinical data provided, there is no evidence that a non-selective NSAID had been tried. Chronic usage of this medication would not be recommended.