

<b>Case Number:</b>	CM15-0040947		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/15/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 56 year old female, who sustained a work/industrial injury on 8/15/01. She has reported initial symptoms of back pain. The injured worker was diagnosed as having lumbar strain/sprain. Treatments to date included: medication, epidural steroid injections, and acupuncture. Magnetic Resonance Imaging (MRI) reported left paracentral and proximal foraminal L5-S1 annular tear with moderate to large left paracentral, foraminal, and far lateral disc protrusion with compression of the L5 and S1 nerve roots. Currently, the injured worker complains of escalated discomfort in the lower back described as sharp. The treating physician's orthopedic report from 1/20/15 indicated there was also pain behind the left knee and down in the left foot. Pain was rated 6-8/10. Current medication was Celebrex. Examination noted normal gait, lumbar range of motion was limited to 30 degrees of flexion and 15 degrees extension. Deep tendon reflexes were intact and symmetrical. Motor strength was 5/5. There was normal sensation to light touch in all dermatomes. Treatment plan was conservative care to include Celebrex, continued acupuncture and possible further lumbar steroid epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg q 12 hours:** Upheld

**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 9792  
Page(s): 70c.

**Decision rationale:** Per MTUS: 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), diarrhea (5.6%), 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) Per review of the clinical data provided, it is not clear why this patient was prescribed celebrex, as opposed to a non-selective NSAID, which would be first line. This medication would not be indicated at this time.