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| <b>Case Number:</b>   | CM15-0050994 |                              |            |
| <b>Date Assigned:</b> | 03/24/2015   | <b>Date of Injury:</b>       | 05/08/1997 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 74-year-old female who sustained an industrial injury on 5/8/1997. Her diagnoses, and/or impressions, include low back muscle/ligament strain and pain; lumbar degenerative disc disease, lumbar stenosis, and lumbar radiculopathy; scoliosis; and spasm of muscle, sacroilitis. A recent magnetic resonance imaging study of the lumbar spine was noted on 8/6/2014. Her treatments have included injection therapy, transcutaneous electrical stimulation unit therapy, and home exercise program. In the progress note dated 9/11/2014, she reported having radiating low back pain, down both legs, improved on medications. The physician's requests for treatment included Celebrex for inflammatory pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The treating physician's note dated 6/16/2013 states "The Celebrex should be discontinued because it is very effective for musculoskeletal problems but causes gastrointestinal side effects". Additionally, the medical records do not indicate that he is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. This patient has been on this medication for over one year, the medical documentation provided does not indicate objective functional improvement with the use of this medication. As such, the request for Celebrex 200mg #30 with 5 refills is not medically necessary.