

<b>Case Number:</b>	CM15-0080561		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/22/2006
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: North Carolina  
 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:

The injured worker is a 58-year-old male, with a reported date of injury of 05/22/2006. The diagnoses include migraine headaches, myalgia and myositis, and post-concussion syndrome. Treatments to date have included exercise, Celebrex, Elavil, Relpax, Zoloft, an MRI of the brain, and an MRI of the cervical spine. The progress report dated 03/27/2015 indicates that the injured worker continued to have fluctuating symptoms, and that there was no real change in his ongoing symptoms. He had daily migraine headaches. The injured worker rated his pain 7-8 out of 10, and stated that it could get to 10 out of 10 with severe headaches. The physical examination showed a normal gait, an appropriate affect, and normal posture. It was noted that a full 14-point review of symptoms was conducted and was negative. The injured worker was not working and remained permanent and stationary. The treating physician requested Celebrex 200mg and Zoloft 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID  
Page(s): 68-70.

**Decision rationale:** The California chronic pain medical treatment guidelines section on Celebrex states: 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) This patient is not at high risk for gastrointestinal events. The patient reportedly has hypertension but does not have major risk factors for cardiovascular disease per the California MTUS. The California MTUS recommends Naproxen as the first line choice in patients with mild to moderate risk factors for cardiovascular disease. There is no documented evidence of failure of Naproxen or gastrointestinal events, which would make the use of a COX-2 inhibitor necessary. Therefore, criteria for its use has not been met per the California MTUS guidelines and the request are not certified.

**Zoloft 50 MG:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, zoloft.

**Decision rationale:** The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the physician desk reference, the requested medication is a selective serotonin reuptake inhibitor indicated in the treatment of mood disorder. The patient does have the diagnosis of dysthymia. Therefore the medication is indicated and the request is certified.