

<b>Case Number:</b>	CM15-0238698		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	09/28/2001
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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: Pennsylvania  
 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 67 year old female injured worker suffered an industrial injury on 9-28-2001. On 9-15-2015, the treating provider reported her knee was bothering her. He noted it had been 13 years since she had a knee replacement and 9 months since she had shoulder replacement. He noted he was renewing the Celebrex. There was no evidence of a clinical objective exam at this visit. Celebrex had been in use at least since 10-27-2014. The medical record did not include a comprehensive pain evaluation. Request for Authorization date was 11-19-2016. The Utilization Review on 11-25-2015 determined non-certification for Celebrex 200mg quantity 60 with five refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg quantity 60 with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic: Celebrex (Celecoxib).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** According to the MTUS, non-steroidal anti-inflammatory drugs including Cox-2 inhibitors such as Celebrex may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The record indicates no benefit from the use of non-steroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of Celebrex for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time.