

<b>Case Number:</b>	CM14-0007305		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66-year-old female with a date of injury on October 18, 2000. Mechanism of injury is not specified. A diagnosis of chronic lumbar back pain with recurrent myofascial strain, knee arthralgia, and neuropathic pain on the right is reported. Prior treatment has included a right knee arthroscopy in December 2007, physical therapy, one epidural steroid injection. Additionally, pharmacotherapy has been provided including Celebrex, Neurontin, Norco, and Cymbalta. An MRI was obtained in November 2013 revealing multilevel degenerative disc disease with posterior disc bulges and painful, restricted lumbar range of motion. No evidence of radiculopathy in the lower extremities with noted. Electrodiagnostic studies have also been provided, that as of an encounter note dated December 5, 2013. Results were not available. The claimant's current pain is 7/10 on the VAS. Current medications include gabapentin, Celebrex, hydrocodone, Cymbalta, and carvedilol. Physical examination reveals marked left foot drop, with bilateral knee and ankle jerks that are sluggish and absent. The claimant walks with a limp and cannot heel and toe walk normally. Straight leg raise is positive on the left of 45° and negative on the right. The impression is low lumbar nerve root impingement with cauda equina impingement at L3-4, L4-5, and L5-S1, due to herniated degenerative disc disease and subluxation of the L4 over L5 retrolisthesis. A review of this request was previously recommended for non-certification on December 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200MG #60:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of Celebrex, in select clinical settings of acute pain and in conditions for which NSAIDs are recommended when the claimant has a risk of G.I. complications. The medical record provides clinical data to support a diagnosis of chronic pain. There is no documentation in the record of gastritis, or any other risk factor other than the injured workers age. Injured worker is 65. In the absence of documentation of risk factors to identify the injured worker to be at high risk, the use of this medication in the setting of chronic pain would not be supported by the guidelines. Therefore, this request is recommended for not medically necessary.