

<b>Case Number:</b>	CM14-0119661		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/30/1997
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Internal Medicine 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 patient is a 59 year old male who was injured on 07/30/1997. The mechanism of injury is unknown. The patient underwent paravertebral injections right L2-S1 on 01/19/2012 and carpal tunnel surgery, right wrist. Prior treatment history has included TENS unit. Prior medication history included Ambien, Terocin, Soma, Celebrex- (utilizing since 03/20/2013) and Norco. Progress report dated 06/09/2014 documented the patient to have complaints of low back pain and describes it as aching and throbbing. He rated his pain as 3/10 at its best and 10/10 at its worse. He reported with his opioid medication, he is able to tolerate sitting, standing, walking, lifting, and household chores by 50%. He is diagnosed with lumbar disc disorder and lumbosacral spondylosis without myelopathy. He has been recommended to continue with Celebrex 200 mg. Prior utilization review dated 03/27/2014 states the request for Celebrex 200 mg #28 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 67-68.

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

**Decision rationale:** The guidelines recommend NSAID therapy for short-term use of acute pain or acute on chronic pain. The clinical documents state the patient has been on chronic NSAID therapy for chronic pain. In general, NSAIDs are recommended for short courses of treatment. A review of the literature states NSAID therapy is no more effective than Tylenol for chronic pain but have more side effects. The clinical documents did not discuss why Celebrex is indicated. Based on the guidelines, criteria, and the clinical documentation stated above, the request is not medically necessary.