

<b>Case Number:</b>	CM14-0120468		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; a home health aide; and opioid therapy. In a Utilization Review Report dated July 22, 2014, the claims administrator denied a request for Celebrex. The applicant's attorney subsequently appealed. The applicant underwent a cervical fusion surgery in question on February 6, 2014. In a progress note dated May 7, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain some three months removed from the date of cervical spine surgery. There was no explicit discussion of medication efficacy on this date. In an earlier note dated September 3, 2013, the applicant was placed off of work, on total temporary disability. It was stated that the applicant had persistent complaints associated with cervical radiculopathy. The applicant was status post total hip arthroplasty, it was further noted. The applicant completed physical therapy and acupuncture for the same. The applicant was given refills for Prilosec, Neurontin, Celebrex, and Gabapentin. There was no explicit discussion of medication efficacy insofar as Celebrex was concerned. No rationale for selection of Celebrex in favor of nonselective NSAIDs was furnished. On February 25, 2014, omeprazole, Norco, Neurontin, and Celebrex were renewed. It was stated that the applicant had issues with epigastric abdominal pain, reportedly worsened with medication usage. The applicant's neck pain was reportedly unchanged. While the attending provider stated in some sections of the note that the medications were improving matters, this was not elaborated or expounded upon. The attending provider did not discuss any specific functionalities which have improved as a result of ongoing medication usage.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 for the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 7 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex can be employed for pain relief in applicants with a history of gastrointestinal complications, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The attending provider has failed to recount or relate any material improvements in function achieved as a result of ongoing Celebrex usage. Ongoing usage of Celebrex has failed to curtail the applicant's consumption of opioid medications such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.