

<b>Case Number:</b>	CM14-0122214		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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, has a subspecialty in Pulmonary Diseases and is licensed to practice in Florida and New York. 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 49 year old female who reported an injury on 10/01/1997 due to a fall. The injured worker was diagnosed with lumbago, lumbar disc degeneration (s/p L4-S1 fusion), lumbar spondylosis, postlaminectomy syndrome, and lumbar radiculopathy L5, S1. The injured worker was treated with medications and surgery. The injured worker had no diagnostics indicated in the medical records. The injured worker had a lumbar vertebral fusion in 1999 and 2000 and spinal cord stimulator placed in 2002. Within the clinical note dated 06/23/2014 it was noted the injured worker complained of chronic low back pain radiating on both sides of her back rated 6/10. The injured worker had tenderness on palpation of the spinous process from L4-S1, no spasms of the paraspinal muscles, and positive straight leg raise bilaterally. The injured worker was prescribed Lyrica 300mg twice a day, Savella 100mg twice a day, and Celebrex 200mg once a day. The treatment plan was for Celebrex 200mg daily. The rationale for the request was not indicated in the medical records. The request for authorization was submitted for review on 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200MG, #30 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

**Decision rationale:** The request for Celebrex 200mg, #30 with 2 refills is not medically necessary. The injured worker complained of chronic low back pain radiating on both sides of her back rated 6/10. The California MTUS guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. The guidelines also note, COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. There is a lack of documentation demonstrating the injured worker had decreased pain with the medication. There is a lack of documentation that indicates whether there are side effects and the efficacy of the medication. There is a lack of documentation indicating the injured worker had significant pain relief or objective functional improvement with the medication. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms which would indicate the need for a gastrointestinal protectant. The injured worker has been prescribed this medication since at least 03/2014. The continued use of Celebrex would exceed the guideline recommendation for a short course of treatment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. As such, the request for Celebrex 200mg, #30 with 2 refills is not medically necessary.