

<b>Case Number:</b>	CM14-0137266		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/17/1998
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Pain Management 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 55 year old female with a date of injury of March 17, 1998. On that day, she was lifting heavy boxes when she felt severe pain in the left side of her neck and left shoulder. She was diagnosed with (a) post-laminectomy syndrome; (b) tarsal tunnel syndrome; (c) bilateral carpal tunnel syndrome, status post three surgeries; (d) rotator cuff disorder, status post-surgery on the left side with cervical discectomy and three level fusions x 2; (e) headache; and (f) neck pain. In the most recent visit note dated July 2, 2014 it was indicated that she complained of neck pain which radiated into the upper back, especially on the left side. She also complained of bilateral upper extremities pain with an associated numbness and tingling sensation. It was also indicated that her neck pain was worse with turning her head to the left or bending to the left side. It has been worse since the cervical facet radiofrequency ablation effects wore off. It was also indicated in the visit note that her medications have been changed from Opana extended release and Norco to Methadone, which helped about 30% of her pain but caused her to have constipation. There were also complaints of difficulty in sleeping due to the return of her pain. Objective findings of the cervical spine included tenderness of bilateral facets at C3-C5, tenderness over the bilateral upper trapezius and interscapular muscles with spasm and multiple trigger points on both sides, and limited range of motion in all planes due to pain. A refill of Lunesta was dispensed. This is a review of the requested Celebrex 200 mg, #30 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, qty 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 Anti-inflammatory Medications; NSAIDs, Specific Drug List and Adverse Effects Page(s): 22;70.

**Decision rationale:** The medical records received have limited information to support the necessity of Celebrex 200 mg, #30 with two refills. Anti-inflammatories, as indicated by evidence-based guidelines, are not warranted for long-term usage. The guidelines also indicate that this medication is indicated only for osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, and if there is indication that the injured worker is at risk for gastrointestinal complications. The injured worker does not exhibit any of the aforementioned indications and has been utilizing this medication in the long-term with no significant benefits documented. Therefore, the medical necessity of the requested Celebrex 200 milligrams #30 is not established.