

<b>Case Number:</b>	CM14-0144191		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female with a work injury dated 4/17/12. The diagnoses include plantar fasciitis of the right foot. Under consideration is a request for Celebrex cap 200mg #30. There is a primary treating physician report dated June 13, 2014 that states that the patient presents reporting significant improvement in her right heel. She states that the pain is 4/10. She describes it as sharp, burning, intermittent, worse with the first step out of bed and after sitting for a while. She states that the physical therapy has helped significantly. Although two weeks ago she had more pain, today she reports minimum pain. She has two more sessions left and states that she is out of work for now because of summer. On exam she is morbidly obese with normal stance and angle of gait. Physical exam shows tenderness to palpation of the plantar medial aspect of the right heel. No open wound or sign of infection. Neurovascular status is intact bilaterally. Muscle power is normal and equal bilaterally. Range of motion is 0 degrees dorsiflexion and 5 degrees plantar flexion of the ankle. The plan is continue physical therapy for four more weeks. There is a 9/12/14 request for Celebrex. A 4/15/14 document states that the patient reports 3/10 pain, intermittent, worse after getting up from being at seated position or in the morning, She says that she is taking Advil for pain. Does not want any refills. She is on full duty working without any issues at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex cap 200mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, web based edition-chronic pain section, [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Celebrex cap 200mg #30 is not medically necessary. The MTUS guidelines state that Celebrex may be considered as an anti-inflammatory if the patient has a risk of GI complications, but not for the majority of patients. It is unclear from the documentation if the patient continues to take Advil and why a change to Celebrex is required. For this reason Celebrex cap 200mg #30 is not medically necessary.