

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0147354 |                              |            |
| <b>Date Assigned:</b> | 09/15/2014   | <b>Date of Injury:</b>       | 04/05/2002 |
| <b>Decision Date:</b> | 10/31/2014   | <b>UR Denial Date:</b>       | 08/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2014 |

### 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 Family Medicine, and is licensed to practice in California, Florida, and Tennessee. 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 57 year-old female who is reported to have sustained work related injuries to her low back as the result of moving boxes on 04/05/02. Treatment to date has included oral medications, physical therapy, acupuncture, epidural steroid injections and psychotherapy. The injured worker is noted to have cervical and lumbar degenerative disc disease, morbid obesity, and a chronic pain syndrome. She is largely marinated with polypharmacy. The most recent clinical note reports the injured worker to have lost 150 pounds. The injured worker ambulates with an electric wheelchair. The injured worker is able to stand and move to the examination table. There is diffuse cervical and lumbar myofascial tenderness. Motor strength is intact. The record contains a utilization review determination 08/19/14 in which a request for Celebrex 200 mg daily was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200 MG DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 30.

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

**Decision rationale:** The request for Celebrex 200 mg per day is not supported as medically necessary. The submitted clinical records indicate the injured worker has a chronic pain syndrome in the presence of cervical and lumbar degenerative disc disease. The record provides no data establishing that the injured worker receives any benefit from this medication. NSAID's are only recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. As such, the medical necessity for continued use of Celebrex is not established.