

<b>Case Number:</b>	CM14-0148782		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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:

This 38 year old patient had a date of injury on 6/19/2013. The mechanism of injury was not noted. In a progress noted dated 8/19/2014, the patient complains of intermittent pain down to calf, left greater than right. The patient is walking better and moving better. On a physical exam dated 8/19/2014, the patient shows decreased endurance/activity tolerance, decreased ROM of lower spine, hip, and knee. The patient has been unable to return to work. The diagnostic impression shows degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date: medication therapy, behavioral modification. A UR decision dated 9/9/2014 denied the request for Celebrex 200mg #60, stating that although this request is medically necessary, a prior review approved Celebrex on 8/16/2014, and this request would be a duplicate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg, sixty count:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. In a progress note dated 8/19/2014, there were no documented functional improvements with regards to medication therapy. Furthermore, there was no discussion regarding pain severity levels, as well as whether or not this patient is at risk for gastrointestinal events, that would necessitate the use for this analgesic. Therefore, the request for Celebrex 200mg #60 was not medically necessary.