

<b>Case Number:</b>	CM14-0163251		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/09/2007
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Colorado. 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 is a 35 year old male with date of injury 4/9/2007, continues care with treating physician. Patient's accident was motor vehicle versus train when he was impacted on driver's side. His diagnoses include Mechanical Low Back Pain, Disc Protrusion at L5-S1 with annular fissure, Bilateral S1 radiculopathy, Annular fissure of disc at L4-L5, and Severe Depression. Per the records supplied, patient has been participating in a program, the HELP program, to set goals and improve functions. He has been working on a home exercise program 4 days per week, and planned to return to work which he accomplished by the September 2014 visit. Patient has been taking Celebrex daily with fairly good relief until he returned to work then needed more, so started taking it twice daily, which helped him continue to function. Ice/Heat/Lidoderm patches also were documented as helpful aids. Treating physician has requested continued approval for Celebrex at twice daily dosing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 30,67-68 and 70.

**Decision rationale:** Celecoxib (Brand Name Celebrex) is a COX-2 selective inhibitor. (COX-2 is an enzyme responsible for inflammation and pain.) Celecoxib is a selective non-steroidal anti-inflammatory drug. It does not appear to interfere with the antiplatelet activity of aspirin and is "bleeding neutral." Non-steroidal anti-inflammatory drugs are recommended as second line treatment, after acetaminophen, for acute and chronic back pain. Non-steroidal anti-inflammatory drugs have no evidence-based indication for use in neuropathic pain. There is no clear evidence that Non-steroidal anti-inflammatory drugs are superior to acetaminophen in treatment of pain, and Non-steroidal anti-inflammatory drugs have more side effects than acetaminophen. Because Non-steroidal anti-inflammatory drugs can cause GI side effects as well as hypertension, renal effects and cardiovascular effects, patient should be screened for risk factors prior to use of Non-steroidal anti-inflammatory drugs. Per the guidelines, patient risk for gastrointestinal events should be determined: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). If patient has no risk factors for gastrointestinal events, and no cardiovascular disease, then a Non-selective Non-steroidal anti-inflammatory drug is recommended. (Ibuprofen / Naprosyn, etc.) There is no evidence to suggest that one Non-steroidal anti-inflammatory drug, even Celecoxib, is better than another for pain relief. However, Celecoxib does have fewer GI side effects. When using non-steroidal anti-inflammatory drugs, it is recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The records supplied do not indicate any increased risk for gastrointestinal events or cardiovascular disease, so a COX-2 selective non-steroidal anti-inflammatory drug would not be necessary / recommended. Furthermore, the dosing of Celebrex 200mg twice daily exceeds the manufacturer-recommended dosing of Celebrex 200mg daily, and dosing for all non-steroidal anti-inflammatory drugs should be lowest possible dose to achieve relief, within recommended dosing. As the requested Celebrex dosing exceeds maximum recommended and the patient has no clear indications for a selective Non-steroidal anti-inflammatory drug, the Celebrex is considered not medically necessary.