

<b>Case Number:</b>	CM14-0177271		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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 has a reported date of injury of 05/11/2003. The injured worker has the diagnoses of multilevel lumbago with left sided radiculopathy, facet and sacroiliac joint arthropathy, peritrochanteric bursitis, right knee arthropathy, reactive depression/anxiety and sleep disorder. Per the progress notes dated 02/13/2014 supplied for review from the requesting physician, the injured worker had complaints of significant pain rated a 6/10. The physical exam noted bilateral sciatic notch tenderness, facet tenderness with a positive facet provocation bilaterally and tenderness over the sacroiliac joints. There were spasms and multiple trigger points in the upper trapezius muscle groups and around the neck and upper back. There was pain with lumbar range of motion and knee joint line tenderness. Treatment plan recommendations included request for pain medications and lumbar facet joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID use and proton pump inhibitors (PPI) states: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. The supplied documentation and appeal indicate the injured worker has tried multiple NSAID along with proton pump inhibitors with GI intolerance. The injured worker has also attempted Tylenol. Per the California MTUS guidelines, Cox-2 agents like Celebrex are indicated for injured workers at intermediate or high gastrointestinal risk. While the injured worker has had GI intolerance to the NSAID therapy there are no documented risk factors that place the injured worker at intermediate or high risk as set forth above. Therefore the request does not meet criteria and is not medically necessary.