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| <b>Case Number:</b>   | CM14-0178023 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 08/01/1999 |
| <b>Decision Date:</b> | 12/08/2014   | <b>UR Denial Date:</b>       | 09/25/2014 |
| <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 Internal 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 patient is an injured worker with cervical and lumbosacral spine conditions. The date of injury was 08-01-1999. Medical records document a history of peptic ulcer disease, cervical post laminectomy syndrome, cervical radiculopathy, cervical spondylosis, cervicgia, lumbar radiculopathy, lumbar spondylosis, and post laminectomy syndrome of lumbar region. The patient has a history of pain in neck, low back, and extremities associated with chronic pain from previous trauma. The patient has a history of bilateral cervical and lumbar radiculopathy. There is history of motor vehicle accident on August 1, 1999, when patient was driving a bus while he was working, when he was involved in a collision. The patient is status post cervical fusion in November 1999 and lumbar spine fusion in January 2001. Primary treating physician's progress report dated 9/10/14 documented subjective complaints of low back pain. The pain shoots down both legs. He complains both legs have numbness tingling. He states the pain is sharp. He had epidural steroid injection in May 2014 and reports improvement. He no longer limps when walking. He reports his right side is worse than left side. Objective findings were documented. Low back demonstrated healed surgical scar. There is stiffness. Range of motion was decreased. There was spasm. Cervical spine had spasm and tenderness to palpation. Range of motion was decreased. Diagnoses were failed back syndrome, status post-surgical intervention with fusion, cervical radiculitis. The patient reports he had pain relief with epidural steroid injection. Treatment plan included Nucynta 75 mg and Celebrex 200 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 308.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) states that NSAIDs are recommended for neck and back conditions. Medical records document that the patient is status post cervical fusion and lumbar spine fusion surgeries. Medical records document a history of peptic ulcer disease, cervical post laminectomy syndrome, cervical radiculopathy, cervical spondylosis, cervicgia, lumbar radiculopathy, lumbar spondylosis, low back pain, and post laminectomy syndrome of lumbar region. ACOEM guidelines support the use of Celebrex, which is an NSAID, for the patient's neck and back conditions. Therefore, the request for Celebrex 200 mg #90 is medically necessary.