

<b>Case Number:</b>	CM14-0095572		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 63-year-old female who reported an injury on 06/16/1997 caused by an unspecified mechanism. The injured worker's treatment history included medication, surgery, MRI studies, and physical therapy. The injured worker was evaluated on 06/03/2014, and it was documented that the injured worker's right shoulder was doing well. However, the injured worker had restricted mobility with IR using Celebrex for primarily the lumbar spine, reported new onset of paresthesia to the bilateral lower extremities and feet. She had paresthesia to the right upper thigh, L4 distribution, trips, and complaints of weakness to the bilateral lower extremities, and had difficulty with sitting. Physical examination of the right shoulder range of motion: forward flexion was 160 degrees, abduction was 160 degrees and external rotation was 90 degrees. Left shoulder range of motion; forward flexion was 60 degrees, hypermobile, extension was 25 degrees, lateral flexion was 15 degrees and rotation was 30 degrees bilaterally. Sensation was intact to the bilateral lower extremities. EHL/PF was 4/5. Resisted strength was 4/5 to the bilateral lower extremities, and was positive for seated straight leg raise of the right lower extremity. Medications included Celebrex 200 mg. Diagnoses included rotator cuff tear and spondylolisthesis. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200MG #30, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Shoulder and Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The requested Celebrex 200MG #30, 3 refills is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that Celebrex is used as a second line treatment after Acetaminophen. There is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute low back pain. For acute low back pain with sciatica, a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than Acetaminophen for acute low back pain and that Acetaminophen had fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Celebrex for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Celebrex was taken by the injured worker. In addition, the request for Celebrex did not include the frequency. Given the above, the request for the Celebrex 200 mg, # 30, with 3 refills is not medically necessary.