

<b>Case Number:</b>	CM14-0175908		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 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 injured worker (IW) is a 55-year-old man with a date of injury of May 19, 2009. The mechanism of injury was not documented in the medical record. Pursuant to the progress reports dated September 22, 2014, the IW reports no significant interval change in his condition since last follow-up in July of 2014. The IW underwent a repeat radiofrequency ablation from the L3 to S1 levels on June 10, 2014. He reports a 60% reduction in his low back pain since the ablation. Current medications include Norco 10/325mg, Flexeril 10mg, Celebrex 200mg, and Lyrica 75mg. Objective physical findings revealed deep tendon reflexes in the lower extremities were 2+/4 and symmetrical bilaterally. Motor testing was 5/5 in the lower extremities in all major muscle groups. There are some slight paresthesias noted at the anterolateral aspect of the right thigh. The IW has been diagnosed with chronic low back pain, bilateral sciatic pain, lumbar degenerative disc disease, likely SI joint syndrome, and pain related insomnia. The provider is recommending the continuation of the current medication regimen. Documentation indicates that the IW has been taking Celebrex since 2011 with no objective functional improvement documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, #30 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200mg, #30 with two refills is not medically necessary. Celebrex is a nonsteroidal anti-inflammatory drug. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The main concern with nonsteroidal anti-inflammatory drugs is the adverse effects. Adverse effects include, but are not limited to gastrointestinal, cardiovascular and renal vascular risk factors. In this case, the injured worker has been taking Celebrex since 2011. Celebrex has been renewed on a consistent basis. There is no objective functional improvement documented in the medical record to warrant its continued use. The injured worker's diagnoses are chronic low back pain, bilateral sciatic pain, lumbar generative joint disease, likely SI joint syndrome, pain related insomnia plus additional medical diagnoses unrelated to the use of Celebrex. Consequently, the documentation does not support prolonged/protracted use of Celebrex and the request for Celebrex 200mg, #30 with two refills is not medically necessary.