

<b>Case Number:</b>	CM15-0005471		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### 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 37 year old female was injured 9/30/09 in an industrial accident. Current symptoms include intermittent low back pain that radiates into her left buttocks. Her diagnoses include depressive disorder, degenerative lumbar intervertebral disc and fibromyositis. She has had bilateral release knee surgery, right shoulder arthroscopy, laparoscopy and femoroacetabular impingement. She is working modified duty. Her current medications include Celebrex 100 mg, Celebrex 200 mg and Norco 5/325 mg. She does home exercise program. She is functioning appropriately but is dependent on an anti-inflammatory and Norco. The treating provider requested Celebrex 100 mg # 360. On 12/15/14 Utilization Review non-certified the request for Celebrex 100 mg based on no documentation to support the prescription as Celebrex 200 mg has been approved based on documented benefit derived from its use. MTUS Chronic Pain Medical Treatment Guidelines: Anti-inflammatories was referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex capsules 100 mg QTY: 360.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): Page 22.

**Decision rationale:** The requested Celebrex capsules 100 mg QTY: 360.00, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The treating physician has documented that the injured worker is functioning appropriately but is dependent on an anti-inflammatory and Norco. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex capsules 100 mg QTY: 360.00 are not medically necessary.