

<b>Case Number:</b>	CM15-0105097		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 34-year-old male, who sustained an industrial injury on 10/19/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having opioid dependence, arthropathy of the lumbar facet joint, lumbar facet joint pain, low back pain, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, and myositis. Treatment and diagnostic studies to date has included medial branch blocks at lumbar three through five, medication regimen, physical therapy, yoga, and home exercise program. In a progress note dated 03/31/2015 the treating physician reports axial low back pain. Examination reveals pain with lumbar range of motion and tenderness over the lower lumbar facet joints bilaterally. The injured worker's current medication regimen includes Celebrex and Norco. The injured worker's pain level is rated a 5, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of this medication and after use of this medication to indicate the effects with the use of his medication regimen. The treating physician noted that the injured worker's medication regimen decreases his pain and allows him to maintain his current level of function to perform activities of daily living and home exercise program. The treating physician requested Celebrex 200mg with a quantity 30 with two refills, noting current use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg quantity 30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose. In fact, the patient has been using Celebrex for long term without significant improvement. Therefore, the prescription of Celebrex 200mg #30 with 2 refills is not medically necessary.