

<b>Case Number:</b>	CM15-0012466		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 was a 38 year old female, who sustained an industrial injury, December 8, 2009. The injured worker was diagnosed with lumbago, bilateral upper quadrant myofascial syndrome, anterior rotation of shoulders and depression. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, random urine testing, physical therapy, aqua therapy, figure eight brace, walking and home exercise program. According to progress note of December 18, 2014, the injured workers chief complaint was back pain, intermittent, sharp with an average intensity of 5 out of 10; 0 being no pain and 10 being the worse. The injured worker was also complaining of left shoulder popping and tightness. Injured worker wears a figure eight brace and continues to use TENS unit. The injured worker continues to use Celebrex, Tramadol and Cymbalta to control symptoms. On December 18, 2014, the primary treating physician requested a prescription for Celebrex 200mg #30, for back and left shoulder pain. December 26, 2014, the utilization review denied authorization for a prescription for Celebrex 200mg #30. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), specific drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
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**Decision rationale:** According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant had been on Opioids and anti-depressants for pain control. There was no indication for combining multiple classes of medication. Pain control attributed to Celebrex cannot be determined. The Celebrex is not medically necessary.