

<b>Case Number:</b>	CM15-0117072		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/10/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury on 02/10/2013. He has reported subsequent bilateral shoulder, head, low back and left knee pain and was diagnosed with status post traumatic brain injury, post-traumatic headaches, degenerative disc disease of the cervical and lumbar spine, cervical and lumbar radiculopathy, knee internal derangement, shoulder internal derangement, headaches and chronic pain syndrome. MRI of the left knee showed a meniscal tear. Treatment to date has included medication, cervical epidural injection, physical therapy, application of ice, transcutaneous electrical nerve stimulation (TENS) unit and bracing. In a progress note dated 05/06/2015, the injured worker complained of head, back, neck and left knee pain that was rated as 6-9/10. The least reported pain since last assessment was noted to be 4/10, average pain 5/10, pain after taking opioid medication was 4/10 and pain relief was noted to last for 6+ hours. Objective findings were notable for stuttered speech. The injured worker was noted to ambulate with a single point cane. Work status was noted as temporarily totally disabled. A request for authorization of Celebrex 200 mg #60 and Imitrex 50 mg #9 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication p. 22, NSAIDs p. 67-73.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, Celebrex can be used for relief of signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. Recommended dosage is 200 mg a day (single dose or 100 mg twice a day). The current requested dose of 200 mg twice a day exceeds recommended guidelines. In addition, although general pain ratings are given, and the response of pain to other prescribed medication is noted, there is no specific discussion of the effectiveness of Celebrex. The documentation submitted indicates that Celebrex has been prescribed for one year, since May of 2014. There was no documentation of functional improvement as a result of use of Celebrex. Work status remains temporarily totally disabled, and there was no documentation of improvement in specific activities of daily living as a result of use of Celebrex. The MTUS states that COX-2 inhibitors (e.g. Celebrex) may be considered for patients with risk of gastrointestinal (GI) complications, and not for the majority of other patients. For these reasons, the request for authorization of Celebrex 200 mg #60 is not medically necessary.

**Imitrex 50mg #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Head), Triptans.

**Decision rationale:** CA Medical Treatment Utilization Schedule (MTUS) guidelines are silent regarding the use of triptans so alternative guidelines were referenced. As per Official Disability Guidelines (ODG), Triptans are "recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." According to the documentation submitted, the injured worker had been suffering from headaches since the industrial injury. Several PR-2 notes refer to the injured worker as having been prescribed triptans for migraine headaches; however, there is no account of the specific symptoms or pattern of headaches. In addition, although general pain ratings are given and intensity of pain after taking opioid medication is documented, there is no mention of the intensity of head pain specifically as well as the response to Imitrex. There is also no indication of objective functional improvement with use of the medication. Therefore, the request for authorization of Imitrex 50 mg #9 is not medically necessary.