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| <b>Case Number:</b>   | CM15-0122293 |                              |            |
| <b>Date Assigned:</b> | 07/06/2015   | <b>Date of Injury:</b>       | 02/24/1999 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 05/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 60 year old male, who reported an industrial injury on 2/24/1999. His diagnoses, and or impressions, were noted to include: lumbago; lumbosacral degenerative disc disease; sacroilitis; failed back surgery, post-lumbar laminectomy syndrome; and thoracic/ lumbosacral radicular syndrome. No current imaging studies were noted. His treatments were noted to include diagnostic studies; medication management with toxicology studies; and rest from work. The progress notes of 5/8/2015 reported a follow-up visit for complaints of low back pain for which Neurontin relieved his neuropathic complaints and Celebrex helped with inflammation as well as provided analgesia. Objective findings were noted to include mild pain in the lumbar area and increased range-of-motion in the lumbar spine with decreased tenderness of the bilateral para-spinal muscles; and minimal sacroiliac joint tenderness. The physician's requests for treatments were noted to include the continuation of Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 (1 tab po BID 30 day supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Selective COX-2 NSAIDS Page(s): 22 and 70.

**Decision rationale:** Celebrex 200mg #60 (1 tab po BID 30 day supply) is not medically necessary per the MTUS Guidelines. The MTUS states that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. The documentation does not reveal evidence of GI complications or issues therefore this medication is not medically necessary over a traditional NSAID. The request for Celebrex is not medically necessary.