

<b>Case Number:</b>	CM15-0176667		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45-year-old male who sustained an industrial injury on 3-01-2012. The injured worker is being treated for cervical spine sprain and strain with radiculopathy, cervical myospasm and cervical disc protrusion. Treatment to date has included surgical intervention (right shoulder SLAP repair 7-28-2014), physical therapy, home exercise, cervical epidural steroid injections (CESI) and medications. Per the handwritten Secondary Treating Physician's Progress Report dated 8-10-2015 the injured worker reported constant pain in the cervical spine rated as 7 out of 10 with decreased forward flexion of the trapezius and shoulder. Objective findings included tenderness to palpation of the cervical paravertebral muscles with spasm. Flexion was 40 degrees and extension 30 degrees. Per the medical records dated 2-13-2015 to 8-10-2015 there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. He has been prescribed Celebrex since at least 3-09-2015. Work status was deferred. The plan of care included medications and authorization was requested on 8-10-2015 for follow-up in 4-6 weeks, repeat CESI, and medications including Celebrex, Tramadol, Ambien and Cidaflex. On 8-25-2015, Utilization Review non-certified/modified the request for Celebrex 200mg #60 citing lack of documented medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg count #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Shoulder Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Celebrex (celecoxib) is a non-steroidal anti-inflammatory medication (NSAID) that is selective for the COX-2 receptors. It, therefore, has a lower frequency of causing gastrointestinal complications such as dyspepsia and bleeding than non-selective NSAIDs. NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury and chronic low back. MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity for use of this medication has not been established.