

<b>Case Number:</b>	CM15-0066764		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/03/1996
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old male, who sustained an industrial injury on September 3, 1996. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included myalgia, myositis unspecified, and lumbosacral spondylosis. Treatment to date has included the medications Celebrex 200 mg one tablet daily and Hydrocodone/Acetaminophen 10 mg/325 mg one tablet two times a day. No prior conservative treatments were noted. Current documentation dated March 13, 2015 notes that the injured worker reported ongoing pain rated an eight out of ten on the visual analogue scale. Objective findings were not provided. The treating physician's plan of care included a request for Celebrex 200 mg # 30.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

**Decision rationale:** MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records in this case do not provide a rationale for such a Cox-2 inhibitor; this request is not medically necessary. Additionally NSAIDs are contraindicated in the case of hypertension; the records document hypertension, as high as 189/99 without discussion of risks vs. benefits of NSAID or Cox-2 inhibitor treatment and for this additional reason, this request is not medically appropriate.