

<b>Case Number:</b>	CM15-0068858		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: 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:

This 44 year old man sustained an industrial injury on 3/1/2012. The mechanism of injury is not detailed. Diagnoses include cervical spine strain/sprain, cervical spine myospasm, cervical disc protrusion, and cervical radiculopathy. Treatment has included oral medications, home exercise program, physical therapy, and surgical intervention. Physician notes on a PR-2 dated 3/9/2015 show complaints of constant neck pain and stiffness with radiation to the right shoulder. Recommendations include cervical spine epidural steroid injection, refill Celebrex and topical Celebrex, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/Topical Analgesics Page(s): 67-70/111-113.

**Decision rationale:** MTUS Guidelines support the use of NSAID medication for various inflammatory conditions, which this individual has. The Guidelines do not support chronic daily use for chronic low back pain, but there are several other medical issues that are impacting him. However, the Guidelines have a standard of documentation regarding how a medication is utilized and if the medication is providing benefit. Benefits have not been documented. Guidelines also do not support the concurrent use of topical and oral NSAID's, which is being recommended. Under these circumstances, the Celebrex 200mg. #30 is not supported by Guidelines and is not medically necessary. Updated and adequate documentation may change this conclusion.