

<b>Case Number:</b>	CM15-0070903		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 68-year-old female who sustained an industrial injury on 5/10/10. The injured worker reported symptoms in the neck and bilateral upper extremities. The injured worker was diagnosed as having cervical degenerative disc disease. Treatments to date have included home exercise program, splints, oral pain medication, physical therapy, injections, anti inflammatories, chiropractic treatments, and massage therapy. Currently, the injured worker complains of neck with radiation to the bilateral upper extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date. The medication list include Norco, Percocet, Oxycontin, Celebrex and Soma. The patient has had EMG study on 3/9/15 that revealed chronic radiculitis. Per the doctor's note dated 3/19/15 patient had complaints of bilateral shoulder and low back pain radiating to bilateral LE. Patient was scheduled to have surgery on right shoulder on 4/27/15. Any operative note was not specified in the records provided. Physical examination of the low back revealed tenderness on palpation, positive SLR and antalgic gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22Celebrex Page 30.

**Decision rationale:** Celebrex 200 mg, Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Antiinflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen."According to the cited guidelines, Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Response to usual non-selective NSAIDs is not specified in the records provided. In addition, per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. The request for CELEBREX is not medically necessary in this patient.