

<b>Case Number:</b>	CM15-0073613		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 09/25/2006. On provider visit dated 03/11/2015 the injured worker has reported back pain, right sciatica and neck pain. On examination of the lumbar spine there was decreased range of motion noted. The diagnoses have included post laminectomy syndrome-lumbar, displacement lumbar disc without myelopathy, lumbar radiculitis, atlanto-occipital sprain/strain and trochanteric bursitis. Treatment to date has included medication, lumbar brace and home exercise program. The provider requested Celecoxib 200mg #60 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celecoxib 200mg #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22 and 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celecoxib 200 mg #60 with one refill is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX-2 non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are lumbar; displacement lumbar disc without myelopathy; lumbosacral radiculitis; atlanto-occipital sprain/strain; trochanteric bursitis; mood disorder due to chronic pain with depressive like episodes. A progress note dated August 10, 2009 shows the injured worker was taking Celebrex, tramadol and Flector. There is no clinical indication in the medical record indicating why a Cox-2 non-steroidal anti-inflammatory is prescribed to the injured worker. Celebrex (Celecoxib) was continued through March 11, 2015. Utilization review dated June 13, 2014 stated Celebrex #60 is certified on the condition of continued subjective and objective functional improvement associated with its use. The guidelines recommend non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. The treating provider has prescribed Celebrex in excess of five years. There is no clinical rationale in the medical record to support its long-term use. There is no history of gastrointestinal events or G.I. bleeding or co-morbid conditions with risk factors for G.I. events. Consequently, absent clinical documentation with a clinical indication for a Cox-2 non-steroidal anti-inflammatory drug, gastrointestinal events, compelling clinical documentation for its prolonged use, Celecoxib 200 mg #60 with one refill is not medically necessary.