

Case Number:	CM15-0073614		
Date Assigned:	04/23/2015	Date of Injury:	01/15/2002
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	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: North Carolina

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 35 year old female injured worker suffered an industrial injury on 01/15/2002. The diagnoses included musculoskeletal neck pain. The injured worker had been treated with chiropractic therapy and medications. On 3/23/2015 the treating provider reported that using Celebrex resulted in reduced neck pain. The treatment plan included Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs, specific drug list & adverse effects Page(s): 30; 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines celebrex Page(s): 68-70.

Decision rationale: The California chronic pain medical treatment guidelines section on Celebrex states: Selective COX-2 NSAIDs: Celecoxib (Celebrex) is the only available COX-2 in the United States. No generic is available. Mechanism of Action: Inhibits prostaglandin synthesis by decreasing cyclooxygenase-2 (COX-2). At therapeutic concentrations, cyclooxygenase-1

(COX-1) is not inhibited. In animal models it works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. Use: Relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylitis. Side Effects: See NSAIDs, hypertension and renal function; & NSAIDs, GI Symptoms and Cardiovascular Risks. Cardiovascular: Hypertension (13%) CNS: headache (15.8%), dizziness (1% - 2%), insomnia (2.3%); GI: diarrhea (4% to 11%), dyspepsia (8.8% vs. 12.8% for ibuprofen and 6.2% for placebo), diarrhea (5.6%), abdominal pain (4.1% vs. 9% for ibuprofen and 2.8% for placebo), N/V (3.5%), gastroesophageal reflux (5%), flatulence (2.2%); Neuromuscular/ skeletal: arthralgia (7%), back pain (3%); Respiratory: upper respiratory tract infection (8%), cough (7%), sinusitis (5%), rhinitis (2%), pharyngitis (2%); Skin Rash (2%) discontinue if rash develops; Peripheral Edema (2.1%). Recommended Dose: 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert) This patient is not at high risk for gastrointestinal events. The patient reportedly has hypertension but does not have major risk factors for cardiovascular disease per the California MTUS. The California MTUS recommends Naproxen as the first line choice in patients with mild to moderate risk factors for cardiovascular disease. There is no documented evidence of failure of Naproxen or gastrointestinal events, which would make the use of a COX-2 inhibitor necessary. Therefore criteria for its use has not been met per the California MTUS guidelines and the request is not medically necessary.