

<b>Case Number:</b>	CM15-0099070		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: 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 a 67 year old male, who sustained an industrial injury on 7/2/13. He has reported initial complaints of low back pain with injury. The diagnoses have included chronic low back pain, lumbar degenerative disc disease (DDD) and spondylosis, spinal stenosis, myofascial pain/spasm, and poor sleep due to pain. Treatment to date has included medications, activity modifications, physical therapy, diagnostics, pain management, chiropractic, injections and home exercise program (HEP). Currently, as per the physician progress note dated 4/13/15, the injured worker complains of chronic severe constant low back pain and bilateral leg pain with numbness and tingling. Physical exam of the lumbar spine reveals muscle spasms, decreased lumbar range of motion, sitting straight leg raise elicits low back pain bilaterally, bilateral extremity pain and mild sensory deficits otherwise of the bilateral extremities. The current medications included Aspirin, Atorvastatin, Cyclobenzaprine, Ibuprofen, Percocet, Tamsulosin and Tramadol. The urine drug screen was consistent with the medications prescribed. The physician noted that he will stop the Motrin and give a trial of Celebrex for the pain. The physician requested treatment included Celebrex 200mg bid #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg bid #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60-61.

**Decision rationale:** The patient presents with low back pain radiating to lower extremities. The request is for Celebrex 200mg BID #60. The request for authorization is not provided. Trial of Celebrex worked well and it feels better to his stomach than Ibuprofen. Per progress report dated 05/11/15, the patient is on disability. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "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, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 05/11/15, treater reason for the request is "Trial of Celebrex worked well and it feels better to his stomach than Ibuprofen 800mg." Patient was trialed a prescription of Celebrex on 04/13/15. NSAID's are indicated for first line treatment to reduce pain. In this case, the treater discusses how this medication is used and with what efficacy. Additionally, the treater discusses GI complications, and documents that the patient was previously prescribed other oral NSAIDs. The request meets guideline indications. Therefore, the request is medically necessary.