

<b>Case Number:</b>	CM14-0153664		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 59-year-old male with a 4/27/10 date of injury. The mechanism of injury occurred when his bottom leg slipped on a ladder and he fell about 6-8 feet hitting the ground. According to a progress report dated 9/16/14, the patient reported his symptoms as being severe and occurring constantly. He stated that he was having low back, upper back, mid back, neck, and bilateral pain. He rated his pain as a 4/10. Objective findings: limited to vital signs, no physical exam findings noted. Diagnostic impression: myofascial pain, facet arthritis of lumbar and cervical region, chronic back pain, multilevel lumbar surgery anterior/posterior fusion, post lumbar spine surgery syndrome. Treatment to date: medication management, activity modification, spinal cord stimulator, surgery. A UR decision dated 8/25/14 denied the request for Celebrex. The request is not reasonable as the patient has been on long-term NSAIDs without any documentation of significant derived benefit through prior long-term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) JAMA  
September 13, 2000, Vol 284, No. 10

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. However, in this case, there is no documentation that the patient has had a trial and failure of a first-line NSAID. There is no documentation that the patient is at an increased risk of gastrointestinal complications. In addition, there is no documentation of functional improvement or pain reduction from continuous Celebrex use. Therefore, the request for Celebrex 100mg #120 was not medically necessary.