

# Applied Resolutions LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW: JUNE 23, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medication: Celebrex 100 mg. #30, once daily for 30 days with 3 refills

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

MD, Board Certified Orthopedic Surgeon

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for Medication: Celebrex 100 mg. #30, once daily for 30 days with 3 refills.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker who has neck complaints. The worker has undergone an MRI scan, which shows multilevel degenerative changes in the cervical spine with some mild central stenosis at C5/C6 and C6/C7 and some mild facet arthropathy at C4/C5 and C5/C6. The injured employee has no evidence of gastrointestinal problems and has been prescribed Celebrex.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The use of Celebrex in the absence of documented peptic ulcer disease or intolerance for standard nonsteroidal anti-inflammatory medications (NSAIDs) is not supported. In

particular, the ODG Guidelines, while recognizing the use of NSAIDs for back pain, notes that such drugs are no more effective than acetaminophen, narcotics, or muscle relaxers. The guidelines conclude that NSAIDs had more or less effect than placebo and acetaminophen and fewer effects than muscle relaxant and narcotic analgesics. No one nonsteroidal anti-inflammatory medication, including COX-2 inhibitors, was found to be more effective than another. Hence, in the absence of documented gastrointestinal problems, the use of a COX-2 inhibitor is not considered to be medically necessary. It is for this reason that the previous adverse determination is upheld. The reviewer finds that medical necessity does not exist for Medication: Celebrex 100 mg. #30, once daily for 30 days with 3 refills.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)