

Case Number:	CM14-0161608		
Date Assigned:	10/06/2014	Date of Injury:	08/30/1999
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 68 years old male with an injury date on 08/30/1999. Based on the 09/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Joint pain-leg 2. Joint replaced knee 3. Right TKA According to this report, the patient presents with right knee pain that is doing better since the knee replacement on 12/19/2012. Tenderness and some sharp pain are noted over the knee with no swelling. The patient feels unstable walking down stair and walking decline. The 09/04/2014 report indicates the patient continues to have pain to the lower back and some weakness in his lower extremities. There were no other significant findings noted on this report. The utilization review denied the request on 09/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/02/2014 to 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for 30 capsules of Celebrex 200mg with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 67 68.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with right knee pain that is doing better since the knee replacement on 12/19/2012. The treater is requesting to start Celebrex 200mg #30 with 2 refills. The MTUS Guidelines pages 67, 68 do allow use of oral NSAIDs for osteoarthritic pains, and recommends it for shortest time possible. In this case, however, the treater does not discuss whether or not this medication is doing anything for the patient for reduction of pain and functional improvement. Page 60 MTUS require recording of pain and function and when medications are used for chronic pain therefore request is not medically necessary.