

<b>Case Number:</b>	CM14-0167489		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Family Practice 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:

45 year old female claimant sustained a work injury on 12/27/11 involving the right knee and right wrist. She was diagnosed with a right scaphoid fracture, osteoarthritis and degenerative changes of the right knee. A progress note on 9/9/14 indicated the claimant had 5/10 pain with medications and 8/10 pain without. There was no musculoskeletal exam performed. The claimant was continued on Norco, Celebrex, Neurontin and Pennsaid for pain. She had been on this pain regimen for over 6 months with similar pain levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** According to the MTUS guidelines, COX2 inhibitors such as Celebrex are no different than non-steroidal anti-inflammatory drugs (NSAIDS). In this case the claimant had been on an NSAID and Cox inhibitor (Celebrex). Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal,

cardiovascular or renovascular risk factors. Per guidelines, it is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Those at risk of gastrointestinal (GI) events or bleeding may consider use of a COX 2 inhibitor. In this case, the claimant did not have GI risks. In addition, there was no indication for multiple categories of pain medications (opioids, NSAID, COX inhibitor). The pain level was stable and recent exam findings were not provided. The Celebrex request is not medically necessary.