

Case Number:	CM14-0183976		
Date Assigned:	11/12/2014	Date of Injury:	03/15/2013
Decision Date:	12/19/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 64 year-old male with a 3/15/13 date of injury. The patient was most recently seen on 10/7/14, and reported improvement in left knee pain following Orthovisc injection. He did complain of some difficulty going up and down stairs, but had no rest or night pain. Exam findings revealed no effusion, heat, erythema or instability with varus or valgus stress. Lachman and drawer sign were negative, and there was no genu recurvatum. There was no pain over the patella or quadriceps tendon, the grab test was negative, and there was no sag of the femur. The patient's diagnoses included: 1) Status post-traumatic osteoarthritis, left knee; 2) Medial meniscus tear, left knee; 3) Grade IV chondromalacia, left knee. The medications included: Celebrex, Vicodin and Tramadol, Zorvalex x 1 month. Significant Diagnostic Tests: None documented. Treatment to date: medications, Orthovisc injections. An adverse determination was received on 10/20/14 due to inadequate documentation that the patient is at intermediate to high risk for gastrointestinal events, which is the indication for the use of a COX-2 selective inhibitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex). (JAMA September 13, 2000, Vol 284, No. 10) Official Disability Guidelines (ODG), (Pain Chapter).

Decision rationale: CA 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. ODG states that NSAIDs are recommended for acute pain, acute LBP, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. This patient has been under care for the past 9 months, for an industrial injury to his left knee. There is no documentation in the medical records provided as to when Celebrex therapy was initiated; however, a treatment note dated 4/10/14 indicates that this NSAID was already in use, as it mentions continuing Celebrex as one of the patient's medications. On the 5/2/14 visit he was taken off Celebrex and switched to Zorvalex, but was put back on Celebrex the next month, as stated in the treatment note dated 6/13/14. Celebrex has been renewed monthly, since that time. On the most recent visit recorded, the patient noted improvement in function, having only some difficulty with stairs; however, his knee exam was entirely within normal limits. CA MTUS, as well as ODG guidelines recommend NSAIDs for only short-term use in acute pain, and in osteoarthritis. Celebrex, as a COX-2 selective inhibitor, is specifically reserved for patients at intermediate to high risk for gastrointestinal events. No such risk factors are reported in the medical records provided for this patient, and he has now been on this NSAID for at least 9 months. Therefore, the request for Celebrex 200mg, #30 with 5 refills is not medically necessary.