

Case Number:	CM14-0031970		
Date Assigned:	04/09/2014	Date of Injury:	08/22/2011
Decision Date:	11/05/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/07/2014

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 Texas and Mississippi. 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 injured worker is a 44-year-old male who reported an injury on 08/22/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included blunt trauma to the right knee and shoulder, status post right knee ACL reconstruction. The previous treatment included hyaluronic acid injections, medication, and surgery. Within the clinical note dated 10/18/2014, it was reported the injured worker complained of right knee pain. Upon the physical examination, the provider noted a well healed arthroscopic surgery. The injured worker had an antalgic gait. The provider requested Celebrex for severe pain. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for Celebrex 200 mg #60 is not medically necessary. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest

dose for the shortest period of time. The guidelines noted NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the clinical documentation submitted has not been updated since 2013, and has not provided an updated assessment. Therefore, the request is not medically necessary.