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| <b>Case Number:</b>   | CM14-0036963 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 03/02/2010 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2014 |

### **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 Occupational Medicine 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents, NSAID therapy; earlier knee replacement surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for Voltaren gel and partially certified a request for Celebrex. The claims administrator stated that the guidelines did not support provision of both oral and topical NSAIDs but did not cite what guidelines it was basing this comment on. The claims administrator invoked both MTUS and non-MTUS ODG guidelines in its denial. The applicant had apparently undergone a total knee arthroplasty surgery on October 23, 2013. The applicant was described as having issues with obesity on that date. In a September 5, 2013 progress note, the applicant was described as having persistent complaints of knee and leg pain, 3-4/10, unchanged. It was stated that the applicant was working regular duty as of that point in time while a total knee arthroplasty surgery was pending. On December 4, 2013, the applicant was placed off of work, on total temporary disability, following a total knee arthroplasty. The applicant was asked to continue physical therapy at that point in time. On January 15, 2014, the applicant was apparently not able to return to work. The applicant was using physical therapy. The applicant was asked to employ Meloxicam and try and lose weight. On February 18, 2014, the applicant was having difficulty tolerating oral NSAIDs, including Mobic, which was reportedly not efficacious. Celebrex was apparently introduced. The applicant was using a cane to move

about. The applicant's work status was not furnished on this occasion. On July 1, 2014, the applicant stated her pain level is 4/10. The applicant stated that she could not perform activities of daily living, including cleaning and mopping activities at home. The applicant was not apparently using any pain medications at this point in time. The applicant's work status was not furnished. It was stated the applicant would follow up in two months to obtain a permanent and stationary report. On June 2, 2014, the applicant was apparently returned to work on a part-time basis, somewhere between 20 to 32 hours a week, it was stated. The applicant was working as a preschool teacher on a part-time basis. She reported 3/10 knee pain. A prescription for Celebrex was endorsed on a request for authorization form dated June 16, 2014. It was stated that the applicant was in the process of transitioning herself back to regular duty work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **VOLTAREN GEL 1%: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 112, Topical Voltaren/Diclofenac section. Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren or Diclofenac is indicated in the treatment of small joint arthritis which lends itself toward topical application. In this case, the applicant does carry a diagnosis of knee arthritis which is, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, considered a joint amenable to topical application. The applicant has seemingly responded favorably to introduction of Voltaren gel as evinced by her apparent return to part-time work and improved ability to perform activities of daily living, including standing and walking. The applicant apparently had issues with intolerance to other oral NSAIDs, including Mobic. Provision of Voltaren gel to ameliorate the applicant's knee arthritis is indicated, for all of the stated reasons. The applicant has responded favorably to the same. Therefore, the request is medically necessary.

#### **CELEBREX 200 MG # 30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines .Antiinflammatory Medications topic. Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are indicated if an applicant has a risk of GI complications but are not indicated for the majority of applicants. In this case, the information on file suggested that the applicant has developed some dyspepsia and/or intolerance to other NSAIDs, including Mobic. The applicant apparently responded favorably to introduction of

Celebrex as evinced by her ultimate successful return to modified work and self-reports of well-controlled pain symptoms. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**CELEBREX 200 MG QTY 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22,70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - Antiinflammatory Medications topic. Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are not indicated for the majority of applicants but are recommended if an applicant has a history of or risk of GI complications. In this case, the attending provider has suggested that the applicant has some history of GI complications with non-selective NSAIDs. Provision of Celebrex is indicated. The applicant has demonstrated evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of Celebrex as evinced by her improved ability to perform activities of daily living and successful return to part-time work. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

