

Case Number:	CM14-0044594		
Date Assigned:	07/02/2014	Date of Injury:	01/16/2012
Decision Date:	09/30/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 49-year-old female who reported an injury on 01/16/2012 from an unknown mechanism of injury. The injured worker had a history of knee pain. The injured worker had a diagnoses of right ankle strain resolved, left meniscus tear, cervical strain with diffuse bulge. The prior surgery included a right knee surgery dated 07/02/2013. The MRI of the left knee dated 06/05/2012 revealed a meniscus tear. The objective findings dated 03/24/2014, antalgic gait due to recent knee surgery, heel/toe and toe walk positive bilaterally, positive cervical tenderness, right meniscal knee tenderness. The medications included Ultram 150 mg, Protonix 20 mg and Menthoderm ointment. The injured worker reported her pain an 8/10 using the visual analog scale (VAS). The treatment plan included second opinion related to the right knee and refill of medication. The request for authorization dated 07/02/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The decision for Celebrex #30 is not medically necessary. The California MTUS recommends anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain (LBP) and of antidepressants in chronic low back pain (LBP). The clinical note did not indicate that the injured worker had been taking Celebrex from the 03/24/2014 clinical notes. The guidelines indicate that long term use should not be warranted. The request did not indicate the frequency or dosage. As such, the request is not medically necessary.