

<b>Case Number:</b>	CM14-0089243		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/26/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 60 year old male with date of injury 10/26/2001. The mechanism of injury is not stated in the available medical records. The patient has complained of left knee pain since the date of injury. He has been treated with a medial compartment knee joint replacement on the left, physical therapy and medications. There are no radiographic data included for review. Objective: tenderness to palpation of the anteromedial tibia left knee, mild valgus deformity of bilateral knees. Diagnoses: osteoarthritis left leg. Treatment plan and request: Celebrex 200 mg, #90, 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CelebrexNSAIDs, specific drug list and adverse effects.

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

**Decision rationale:** This 60 year old male has complained of left knee pain since date of injury 10/26/2001. He has been treated with a medial compartment knee joint replacement on the left,

physical therapy and medications. The current request is for Celebrex 200 mg, #90, 3 RF. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose and for short (2-4 weeks) duration for the treatment of osteoarthritis of the knee. Additionally, there has been no proven long term effectiveness for the treatment of pain secondary to osteoarthritis. The current request is for continuation of treatment far exceeding the recommended treatment period for this medication and the request is also not based on the lowest dose possible. On the basis of the MTUS guidelines, Celebrex, 200 mg, #90 with 3 refills is not medically necessary.