

<b>Case Number:</b>	CM14-0089296		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/21/1996
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/31/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 70 year old male presenting with chronic pain following a work related injury on 5/21/1996. The claimant complained of low back pain, right knee pain and right ankle pain. The claimant's medications included Tylenol and Celebrex. The claimant reported 8-9/10 pain without medication and 4/10 with medication. According to the medical records the claimant is permanent and stationary. The claimant's physical exam remains unchanged through numerous office visits. The claimant was diagnosed with osteoarthritis, chondromalacia of knees, bilateral, unrelated, ACL tear and lateral meniscus tear right knee, s/p surgical repair with excellent stability and full range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 2 refills:** Upheld

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

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

**Decision rationale:** Celebrex 200mg #30 with 2 refills is not medically necessary. Celebrex is a nonsteroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDs are

recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on Celebrex is not recommended for long term use; therefore, the requested medication is not medically necessary.