

Case Number:	CM14-0201862		
Date Assigned:	12/12/2014	Date of Injury:	01/06/2000
Decision Date:	01/31/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 patient is a 66 year old female who sustained a work related injury to the right knee in January 2000. In June 2004 the injured worker underwent right total knee arthroplasty for degenerative joint disease. According to the progress report from April 17, 2014 the injured worker expressed more pain and a feeling of instability over the past few months requiring increasing morphine for pain control. Examination noted no effusion of right knee; range of motion 0-120 with normal patellar tracking, 1-2+varus/valgus stress laxity and neurovascular intact. A bone scan of the right knee dated April 11, 2014 showed no evidence of right knee prosthetic loosening. Currently the patient is on Morphine 15mg, Lidoderm 5% patch, Xanax, and Celebrex. Current exercise treatments were not discussed. Injured worker ambulates with a cane. Work status was not noted. The treating physician has requested authorization for Celebrex 200mg twice a day, Qty: 180 with one refill. On November 3, 2014 the Utilization Review denied the certification for Celebrex 200mg twice a day Qty: 180 with one refill. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines on Non-steroidal anti-inflammatory drugs (NSAID's).

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #180 x 1 refill: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #180 1 refill is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. See the Official Disability Guidelines for specifics and details. In this case, the date of injury is January 6, 2000 and the injured worker is 66 years old. The documentation indicates the injured worker had a right knee totally replacement June 2004. The injured worker underwent a knee arthroscopy approximately 18 months prior to the total knee replacement. There was a complaint of "component loosening" and the injured worker underwent a bone scan. The bone scan results indicated the right knee prosthesis was in place, there was no evidence of loosening and it was in increased signal medial aspect with degenerative changes. The documentation does not contain any evidence of peptic ulcer disease, G.I. bleeding, concurrent aspirin for steroid use. There are no comorbid problems putting the injured worker at risk for G.I. bleeding. The treating physician submitted an appeals letter that indicated other nonsteroidal anti-inflammatory drugs were tried including Ibuprofen and Naproxen. The injured worker suffered severe gastrointestinal distress. Additionally, the treating physician indicated he attempted to reduce the dose of Celebrex, albeit unsuccessfully, and the injured worker developed recurrent pain. The documentation does not contain evidence of any liver function testing. The injured worker takes Celebrex 200 mg one tablet twice daily. The treating physician prescribed a three month supply with one refill or a six month supply to the injured worker. Currently, the injured worker is on Morphine 15mg, Lidoderm 5% patch, Xanax, and Celebrex. Celebrex appears to improve pain and consequently, is medically necessary based on the documentation to date, however, a six month supply is not medically necessary. The treating physician needs to evaluate other nonsteroidal anti-inflammatory drugs or other analgesics for long-term coverage. Consequently, Celebrex 200 mg one PO BID is medically necessary for short-term treatment (2 months) until the treating physician substitutes a different analgesic. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Celebrex 200 mg #180 1 refill (six month supply) is not medically necessary.