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| <b>Case Number:</b>   | CM14-0202843 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 11/26/2000 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2014 |

### 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 Hospice and Palliative Medicine. and is licensed to practice in Pennsylvania. 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:

This is a 46-year-old woman who sustained a work related injury on 11/28/2000. The mechanism of injury has not been provided. A treating physician note dated 11/20/2014 indicated the worker was experiencing severe burning and stabbing right knee pain and constipation. The documented examination described no significant abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from complex regional pain syndrome of the lower extremity and an unspecified arthropathy involving the lower leg. Treatment recommendations included follow-up care and medications. A Utilization Review decision was rendered on 12/03/2014 recommending non-certification for sixty tablets of Celebrex (celecoxib) 200mg with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The California MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation concluded the worker was suffering from complex regional pain syndrome of the lower extremity and an unspecified arthropathy involving the lower leg. The recorded pain assessments were minimal and did not describe improved pain intensity or function with this medication or detail the worker's individualized risk. Further, this medication was listed as being both a medication that had failed to have benefit for the worker in the past and as a current medication. For these reasons, the current request for sixty tablets of Celebrex (celecoxib) 200mg with two refills is not medically necessary.