

<b>Case Number:</b>	CM14-0203769		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 47 year old male with an injury date of 12/11/12. The 11/04/14 and 08/05/14 progress and 11/26/14 supplemental reports state that the patient presents with chronic bilateral knee pain and bilateral wrist pain. The patient has been instructed to return to modified duties. Examination shows joint line tenderness in the bilateral knees with healed portals from surgical intervention. The patient's diagnoses include: 1. S/p left knee surgery (03/15/13) 2. S/p right knee meniscectomy, chondroplasty and synovectomy 08/02/13. The utilization review is dated 11/13/14. Reports were provided for review from 03/13/14 to 12/15/14.

### 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, specific drug list & adverse effects Page(s): 70.

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

**Decision rationale:** The patient presents with bilateral wrist pain and bilateral knee pain status post left and right knee arthroscopy 03/15/13 and 08/02/13. The current request is for Celebrex 200mg #30 with 2 Refills per 11/04/14 report. The 11/13/14 utilization review states the date of

the request is 11/11/14. MTUS Anti-inflammatory medications page 22 states, "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." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." The reports provided do not discuss this medication. It appears Celebrex may have been started 11/04/14. NSAID's are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. GI complications in this patient are not documented nor do the reports show the patient was previously prescribed other oral NSAIDs. In this case, the request is not medically necessary.