

Case Number:	CM14-0205564		
Date Assigned:	12/17/2014	Date of Injury:	04/30/1999
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old woman who sustained a work-related injury on April 30, 1999. Subsequently, the patient developed left knee pain. Prior treatments include: medications, left knee arthroscopy on June 5, 2012, post-op physical therapy, cortisone injection on October 3, 2012, and left total knee replacement performed on August 1, 2013. According to the medical report dated October 9, 2014, the patient stated that she feels she has returned to her pre-surgery status. She stated she continues to have episodes of pain in the left knee that appears to be associated with her activity level. On examination, the patient had a normal station and gait. Range of motion of the knee was decreased in flexion 135/150 degrees with pain, complaining of mild pain at the end range. Faber's was mildly positive on the left eliciting left S/I joint pain. The patient was diagnosed with left knee internal derangement, left knee arthroplasty, and severe left knee DJD. The provider requested authorization for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67, 68 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications. Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back , neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation thar Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex for long term without significant improvement. The patient continued to report back pain. Therefore, the prescription of Celebrex 200mg is not medically necessary.