MAXIMUS Federal Services

Case Number:	CM15-0005646		
Date Assigned:	01/20/2015	Date of Injury:	08/10/2010
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 62 year old male with an industrial injury dated 8/10/2010. The diagnoses included derangement of meniscus post left surgery, chronic left knee pain syndrome. The treatment was medications. The treating provider's progress note described the pain 2/10with minimal knee tenderness. The UR determination denied request on 12/9/2014 for Celebrex 200mg #60 with 4 refills, citing MTUS Chronic Pain Treatment Guidelines, COX-2 NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70-73.

Decision rationale: The 12/09/14 Utilization Review letter states the Celebrex 200mg, #60 with 4 refills prescribed on the November 2014 medical report is not necessary at the twice daily dosage. The patient had been on Celebrex 200mg once a day since March 2103 when his pain

was 1/10, and this was increased in May 2014 to twice a day, and the pain level increased to 2/10. According to the 11/26/14 report, the patient presents with 2-3/10 left knee pain. He has been diagnosed with derangement, meniscus, s/p surgery, left; chronic pain syndrome-left knee; glaucoma NOS; pure hypercholesterolemia. The pain levels overall have increased despite increasing from Celebrex 200mg, once a day to twice a day. There is no documentation of improved pain levels or improved function or quality of life with the long-term use of Celebrex.MTUS Chronic Pain Medical Treatment Guidelines, pg 67-68 Specific recommendations: Osteoarthritis (including knee and hip) states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function.MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert)The continued use of Celebrex 200mg twice a day is above the dosage recommended under the MTUS guidelines. The request for Celebrex 200mg, #60 with 4 refills IS NOT medically necessary.