

Case Number:	CM15-0008737		
Date Assigned:	01/26/2015	Date of Injury:	04/29/2002
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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 68-year-old male who reported an injury on 04/29/2002. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of right knee osteoarthritis. Past medical treatment consisted of Orthovisc injections and medication therapy. On 04/16/2014, the injured worker was in for a follow-up appointment where he complained of right knee pain. Physical examination noted that range of motion was unchanged. There was no effusion or erythema. No diagnostics were submitted for review. The medical treatment plan was for the retrospective request of Celebrex 200 mg with a quantity of 60. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The request for retrospective Celebrex 200 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines state that celebrex is a nonsteroidal anti-inflammatory drug with a COX 2 inhibitor that does not interfere with aspirin's antiplatelet activity. COX 2 inhibitors have a decreased risk for gastrointestinal events in at risk injured workers. NSAIDs are not recommended for a treatment of long term neuropathic pain. The submitted documentation indicated that the injured worker had had knee pain. However, there were no pain assessments or pain levels via VAS. Additionally, the submitted documentation lacked any indication of the injured worker being on Celebrex. There were no medications submitted for review. It was noted that the injured worker underwent Orthovisc injections. The efficacy of the injections was not submitted for review. Additionally, it was noted in the submitted documentation that the injured worker did not have a diagnosis congruent with the above guidelines. Given that there were no other significant factors provided to justify the request, the Celebrex 200 mg would not have been indicated. Given the above, the request for retrospective Celebrex 200 mg was not medically necessary.