

Case Number:	CM15-0104525		
Date Assigned:	06/08/2015	Date of Injury:	07/07/2006
Decision Date:	07/09/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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:

This is a 48 year old female with an industrial injury dated 07/07/2006 resulting in an injury to her left knee. Her diagnoses included aggravation of left knee arthritis, left knee patellofemoral syndrome, compensatory left lower extremity radicular complaints and lumbago. Prior treatment included knee brace, diagnostics, anti-inflammatory drugs, Synvisc One injection to the left knee and medications. She is status post arthroscopic left knee surgery on 10/20/2006 and 09/20/2010. She presents on 09/12/2014 with complaints of numbness into her toes and into the left side of the low back. She felt the Synvisc One injection only helped for a short time. Physical exam noted sensation to light touch was intact bilaterally in the L2-S1 distribution. Bilateral knee range of motion was slightly limited. There was no evidence of effusion. Mild crepitation was present on range of motion of the left knee. Medications were Celebrex and Prilosec. Treatment request was for Celebrex 100 mg # 60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 2006 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celebrex 100mg, #60 with 2 refills is not medically necessary and appropriate.