

Case Number:	CM15-0108489		
Date Assigned:	06/15/2015	Date of Injury:	06/05/2007
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: Preventive Medicine, Occupational Medicine

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 50 year old male, who sustained an industrial injury on 6/5/07. The diagnoses have included medial compartment degenerative joint disease (DJD) and mild arthritic changes. Treatment to date has included medications, activity modifications, diagnostics, rest, surgery, physical therapy, extension of the bilateral knees and home exercise program (HEP). Currently, as per the physician progress note dated 4/23/15, the injured worker reports continued improvement in bilateral knee pain. The medications as well as physical therapy are proving effective in improving the injured workers pain level, function, range of motion and overall sense of comfort. The bilateral knee pain is now rated 4/10 on pain scale and with constant, achy pain described. The objective findings reveal tenderness to palpation of the medial/lateral joint spaces of the bilateral knees, antalgic gait and range of motion goes from -5 to 150. The current medications included Norco, Percocet, Celebrex, Tizanidine and Omeprazole. There is no previous urine drug screen report noted in the records. The physician requested treatment included Celebrex 200mg #30 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section, NSAIDs, Specific Drug List and Adverse -Effects Section Page(s): 22, 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. While the request for Celebrex is supported, the request for 6 refills is not. The injured worker should be evaluated periodically for efficacy and presence or absence of adverse side effects. The request for celebrex 200mg #30 with 6 refills is determined to not be medically necessary.