

Case Number:	CM15-0109440		
Date Assigned:	06/16/2015	Date of Injury:	10/23/2012
Decision Date:	07/20/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/08/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 10/23/10. He reported pain in low back and bilateral knees while moving boxes. The injured worker was diagnosed as having left knee medial meniscal tear and lateral meniscal tear status post arthroscopy, right knee medial meniscal tear and lateral meniscal tear and disc protrusion at L4-5 of lumbar spine and left sided L5 radiculopathy. Treatment to date has included left knee arthroscopic surgery, physical therapy, oral medication including Norco, Motrin and Soma, chiropractic treatment and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 4/21/15 revealed disc bulges and facet arthropathy at L3-4 and L4-5 levels causing moderate central canal stenosis and mild to moderate foraminal narrowing at several levels. Currently, the injured worker complains of low back and bilateral knee pain. He is considered permanent and stationary. Physical exam of the lumbar spine revealed spasm of left lumbar region, tenderness on palpation of left lower lumbar area and restricted range of motion due to pain and exam of bilateral knees noted slight effusion on right, tenderness about the medial and lateral joint lines bilaterally with decreased sensation to the dorsal aspect of the left foot. A request for authorization was submitted for Celebrex, Flexeril and Ultram along with transfer of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG 60 Tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: CA MTUS Chronic pain medical Treatment Guidelines state that the chronic use of NSAIDs can lead to cardiovascular, renal and GI complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury or exacerbation of chronic musculoskeletal pain. In this case the patient has been on NSAIDs for an extended period of time. The medical record does not show a significant reduction in pain or increase in function. The potential risk of Celebrex is greater than the limited beneficial effects. Therefore the request is deemed not medically necessary or appropriate.