

<b>Case Number:</b>	CM15-0013748		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	08/11/1997
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Texas, New York, 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 applicant is a represented 78-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 11, 1997. In a Utilization Review report dated December 31, 2014, the claims administrator failed to approve requests for Tylenol and Celebrex. The claims administrator referenced a November 7, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 12, 2014, it was suggested that the applicant was not, in fact, working. In a progress note dated November 7, 2014, the applicant reported ongoing complaints of knee pain. The applicant was doing fair. The applicant was using a cane to move about. The applicant stated that her medications helped somewhat. The applicant was status post a right total knee arthroplasty surgery and had left knee degenerative joint disease, it was acknowledged, with comorbidities including diabetes and hypertension. Tenderness about the knee was appreciated. Celebrex and Tylenol were renewed. It was suggested that the applicant's medications were helping, while cold weather was exacerbating matters. On August 26, 2014, it was acknowledged that the applicant was not working. On June 23, 2014, it was stated that the applicant was doing fairly. It was stated that the applicant's medications were reducing her pain and ameliorating her ability to walk to some extent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol Tablet 325 mg (Oral 1 three (3) times daily for 1 month) Qty 90, Refills 4:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List Adverse Effects, Selective COX-2 NSAIDs, Acetaminophen (APAP), and Osteoarthritis (hip, knee, and hand) Page(s): 70, 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP); Nonprescription medications Page(s): 11; 67.

**Decision rationale:** Yes, the request for Tylenol was medically necessary, medically appropriate, and indicated here. As noted on page 11 of the MTUS Chronic Pain Medical Treatment Guidelines, Tylenol or acetaminophen is recommended in the treatment of chronic pain and/or acute exacerbations of chronic pain. Here, the applicant has longstanding issues with knee arthritis. Ongoing usage of Tylenol is indicated to combat the same, given its low risk and inexpensive cost. Page 67 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incidentally noted, notes that non-prescription medications such as Tylenol (acetaminophen) are "recommended" in the chronic pain context present here. The request for Tylenol in question did represent continuation of Tylenol at a non-prescription dose. Therefore, the request was medically necessary.

**Celebrex 200 mg (Oral two (2) times daily for 1 month) Qty 60, Refills 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List Adverse Effects, Selective COX-2 NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 68.

**Decision rationale:** Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors are recommended in favor of non-selective NSAIDs such as Motrin and Naprosyn in applicants who are at heightened risk for GI complications. Here, the applicant, at age 78, was at heightened risk for adverse GI effects, per page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that applicants who are age 65 years of age and are using NSAIDs are in fact at heightened risk for adverse gastrointestinal events. Continuation of Celebrex was, thus, indicated in favor of non-selective NSAIDs, particularly in light of the fact that the applicant was apparently deriving appropriate analgesia and improved ability to ambulate with the same. Therefore, the request was medically necessary.