

<b>Case Number:</b>	CM15-0016894		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/11/1999
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 61-year-old female who reported an injury on 08/11/1999. The mechanism of injury was not stated. The current diagnoses included chronic left knee pain, chronic left elbow pain, status post lateral epicondyle release, chronic right ankle pain, status post right ankle surgery, and status post left carpal tunnel release with chronic pain. The latest physician progress report submitted for review is documented on 12/08/2014. The injured worker presented with complaints of persistent pain. It was noted that the injured worker was participating in a home exercise program. Upon examination, there was tenderness of the anterior and lateral right ankle, decreased dorsiflexion and plantarflexion, tenderness over the left elbow, decreased supination and pronation by 20 degrees, 0 to 140 degree extension and flexion, tenderness in the volar aspect of the wrist, decreased grip strength and 5-/5, decreased wrist range of motion with flexion and extension at 50 degrees, and ulnar and radial deviation at 10 to 20 degrees, tenderness at the joint line of the left knee, and a well healed incision over the left elbow and left volar forearm. Recommendations included continuation of the current medication regimen of Vicodin ES 7.5/300 mg, and Voltaren gel 2 gm. A Request for Authorization form was then submitted on 12/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines do not recommend long-term use of NSAIDs. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. There is no indication that this injured worker is currently utilizing the above medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.