

Case Number:	CM15-0138021		
Date Assigned:	07/27/2015	Date of Injury:	01/06/2015
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 47-year-old female, who sustained an industrial injury on 01/06/2015. She has reported injury to the bilateral knees. The diagnoses have included right knee and left knee contusion; right knee pain; diminution in size of the anterior horn of the lateral meniscus compared to the posterior horn, which may be congenital, or due to prior injury or prior surgery, intact; fraying of the lateral femoral condyle cartilage medially, right knee; and chondral injury, medial aspect of the lateral femoral condyle, right knee. Treatment to date has included medications, diagnostics, ice, knee immobilizer, crutches, injection, and physical therapy. Medications have included Norco, Tramadol, Ibuprofen, Zanaflex, Omeprazole, and Celebrex. A progress report from the treating physician, dated 06/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain rated as a 6/10 in severity on the subjective pain scale; symptoms of giving-way of the right knee; swelling, particularly in the evenings; she continues to walk as much as possible in order to maintain the integrity of the right knee; she continues to have significant pain and discomfort despite conservative measures of therapy, including injection and physical therapy; and if she does not undergo these periods of physical exertion, including a significant amount of walking, her subjective pain levels will increase significantly. Objective findings included no deformities, atrophy, or edema observed upon inspection of the right knee; she has maintained normal active right knee range of motion; there was considerable crepitus with passive flexion and extension of the right knee; anterior and posterior drawer tests were negative; there was no increased laxity observed as valgus and varus stress was applied; patellar grind test was mildly provocative for crepitus under the patellofemoral joint space; and McMurray's test elicited pain and discomfort over the medial and lateral tibiofemoral joint spaces. The treatment plan has included the request for Celebrex 200mg, #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67, 68 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex Page(s): 21-22, 29.

Decision rationale: According to the MTUS guidelines, 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. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of Celebrex. The request for Celebrex 200mg, #60 with 1 refill is not medically necessary and appropriate.