

Case Number:	CM15-0138312		
Date Assigned:	07/28/2015	Date of Injury:	06/16/2006
Decision Date:	08/25/2015	UR Denial Date:	07/14/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28-year-old female who sustained an industrial injury on 6-16-06. Diagnoses are knee injury-instability and knee medial meniscus tear. In a progress report dated 7-1-15, the treating physician notes the injured worker states her right knee is getting worse, has constant pain in the knee that increases with every day activity and climbing stairs. She ices the right knee at night. She has been using a transcutaneous electrical nerve stimulation unit but feels the machine is not working anymore. Medications are Advil and Ibuprofen for the right knee pain, which is rated at 6 out of 10. Her gait is protected with a significant limp. Exam of the knee reveals possibly trace effusion and moderate tenderness along the medial joint especially at the anterior and posterior medial corners. Strength is 5 out of 5. McMurray's and Apleys tests are positive for medial joint click. Work status is to remain off work until 9-1-15. The treatment plan is a MARS MRI with probable need for debridement and to start on Celebrex. The requested treatment is Celebrex 200mg, take 1 tablet by mouth twice a day for a quantity of 60 with two refills, for symptoms related to the right knee injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, take one tablet by mouth, twice a day quantity 60 with two refills for symptoms related to the right knee injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in June 2008 and continues to be treated for right knee pain. When seen, there was moderate medial joint line tenderness. McMurray and Apley testing produced knee clicking. The claimant's BI was over 41. An MRI of the knee was requested and Celebrex was prescribed. Knee arthroscopy was being considered. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. Therefore, the request is not medically necessary.