

Case Number:	CM15-0145314		
Date Assigned:	08/10/2015	Date of Injury:	07/30/2006
Decision Date:	09/25/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 75 year old female, who sustained an industrial injury on July 30, 2006. She reported right arm and left knee injuries. The injured worker was diagnosed as having left knee status post arthroscopic partial medial meniscectomy with chondroplasty of the patellofemoral joint and medial lateral compartments with findings of Grade 4 chondromalacia of the patellofemoral joint and medial lateral compartments in 2006, right hamstring strain, and right knee internal derangement with tricompartmental osteoarthritis and medial and lateral meniscal tears per MRI of October 22, 2009. The report from the MRI was not included in the provided medical records. Treatment to date has included viscosupplementation injections and non-steroidal anti-inflammatory medication. There were no noted previous injuries or dates of injury, and no noted comorbidities. Work status: permanently disabled. On June 24, 2015, the injured worker reported constant bilateral knee pain. Associated symptoms include painful movement, sharp pains, increased pain with walking and standing, and inability to partially squat due to pain. Her current medication is Celebrex. She uses a cane for support. She is not currently working. The physical exam revealed moderate effusion, crepitus of the patellofemoral joint, and tenderness of the patella tendon, medial joint line, and lateral joint line of the bilateral knees. There was range of motion: right knee extension = 0 degrees, right knee flexion = 90 degrees, left knee extension = 0 degrees and left knee flexion = 100 degrees. There was a right-sided antalgic gait. The treatment plan includes continuing Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for chronic low back pain Selective COX-2 NSAIDS, for Celecoxib (Celebrex) Page(s): 22, 70- 73.

Decision rationale: Based on the 7/1/15 progress report provided by the treating physician, this patient presents with constant bilateral knee pain that is sharp and painful with movement, increased with walking/standing. The treater has asked for Celebrex 200mg #30 on 7/1/15. The patient's diagnoses per Request for Authorization form dated 7/1/15 are left knee status post arthroscopic partial medial meniscectomy with chondroplasty of the patellofemoral joint and medial lateral compartments with findings of Grade 4 chondromalacia of the patellofemoral joint and medial lateral compartments in 2006, right hamstring strain, and right knee internal derangement with tricompartmental osteoarthritis and medial and lateral meniscal tears per MRI of October 22, 2009. The patient is ambulating with a cane, and has not had any new injuries per 7/1/15 report. The patient is unable to do a partial squat due to pain in knees per 7/1/15 report. The patient is on permanent disability status per 7/1/15 report. MTUS, NSAIDs for chronic low back pain section, page 22: COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. MTUS, Selective COX-2 NSAIDS, for Celecoxib (Celebrex) pg 70-73 : Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert) MTUS, Medications for Chronic Pain, pg. 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Treater does not specifically discuss this medication. It is not know how long patient has been prescribed Celebrex, but utilization review letter dated 7/16/15 states that patient discontinued Celebrex and switched to Relafen on 1/12/15 report. NSAIDs are indicated by MTUS as first line treatment to reduce pain. However, Celebrex is not indicated for all patients, according to guidelines. In this case, treater has not discussed GI complications or explained why the patient will be going back on Celebrex when it was discontinued prior. The request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.