

Case Number:	CM15-0180887		
Date Assigned:	09/22/2015	Date of Injury:	06/25/2002
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 63 year old male, who sustained an industrial injury on June 25, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for unspecified internal derangement of the left knee, unspecified internal derangement of the knee, and degeneration of lumbar disc. On August 11, 2015, the injured worker reported left knee pain and low back pain radiating to the left buttock. The Primary Treating Physician's report dated August 11, 2015, noted the injured worker's Hydrocodone-APAP and Celebrex decreased his pain and maintain his functional capacity without adverse effect. The physical examination was noted to show tenderness in the paravertebral muscles of the lumbar spine with hypertonicity, left more than right, and left sciatic notch tenderness. Prior treatments have included left knee arthroscopy 2002 and 2010, left total knee arthroplasty March 2013, right sacroiliac block March 2014, left lumbar transforaminal epidural steroid injection (ESI) in December 2013, a right sacroiliac joint injection in March 2014, lumbar transforaminal epidural steroid injection (ESI) on March 11, 2015, noted to help back and leg pain 60%, and medication. The treatment plan was noted to include continuation of the injured worker's Celebrex and hydrocodone-APAP to control the injured worker's nociceptive back and knee pain. The injured worker's total pain-related impairment score was noted to show the injured worker with moderate impairment. The injured worker was noted to have an opioid therapy agreement. The injured worker's work status was noted to be permanent and stationary. The physical exams, dated June 12, 2015, and August 11, 2015, noted the injured worker with consistent moderate pain, no change in physical examination, and continued use of Celebrex and Hydrocodone-APAP. Prior treatments have

included left knee arthroscopy 2002 and 2010, left total knee arthroplasty March 2013, right sacroiliac block March 2014, left lumbar transforaminal epidural steroid injection (ESI) in December 2013, a right sacroiliac joint injection in March 2014, lumbar transforaminal epidural steroid injection (ESI) on March 11, 2015, noted to help back and leg pain 60%, and medication, including Hydrocodone-APAP, prescribed since at least February 12, 2014, and Celebrex, prescribed since at least February 12, 2014. The request for authorization dated August 25, 2015, requested Hydrocodone-APAP 10-325mg #120 and Celebrex 200mg #30. The Utilization Review (UR) dated September 1, 2015, approved the request for Hydrocodone-APAP 10-325mg #120 and denied the request for Celebrex 200mg #30.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of celebrex is not substantiated in the records.