

Case Number:	CM15-0194599		
Date Assigned:	10/14/2015	Date of Injury:	02/10/2004
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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 58 year old female who sustained an industrial injury on 02-10-2004. According to a progress report dated 08-18-2015, the injured worker was seen for evaluation of back and left knee pain. Current medications included Norco, Zanaflex, Flexeril, Motrin and Celebrex. Objective findings included swelling over the knee bilaterally. She had tenderness across the left knee joint. She had crepitus with flexion and extension. Diagnoses included post-laminectomy syndrome with history of discectomy laminectomy at L4-L5 in July 2006, chronic low back pain syndrome and left knee pain status post left knee arthroscopy. MRI of the spine performed on 07-18-2008 showed multilevel degenerative disc disease and varying degree of both central spinal canal and neuroforaminal stenosis. Left-sided scoliosis was also noted. The injured worker already had a cortisone injection for the left knee done with private insurance. The treatment plan included request for physical therapy x 8 sessions for the knee, MRI of the left knee. Zanaflex and Motrin were discontinued due to being denied. Prescriptions were provided for Norco, Flexeril and Celebrex. The provider noted that the injured worker may need to return to the orthopedist for follow up. The injured worker was currently not working. Documentation shows use of Motrin (non-steroidal anti-inflammatory drug) dating back to 03-05-2015. According to a progress report dated 09-15-2015, the injured worker was seen for left knee pain. It had been really bothering her. She was currently not working. With Norco, Pain went from a 10 on a scale of 1-10 down to a 6 at best. She still had not received authorization to try Celebrex. Current medications included Norco, Flexeril and Celebrex. Objective findings included significant tenderness to palpation and significant limp favoring the left knee. A

cortisone injection was performed to the anterolateral compartment of the left knee. Follow up was indicated in 1 month. According to a medical legal report dated 09-18-2015, the provider noted that x-rays showed extensive osteoarthritis. The x-ray report was noted submitted for review. An authorization request dated 09-21-2015 was submitted for review. The requested services included Celebrex 200 mg every day #30 and MRI of the left knee with contrast. On 09-29-2015, Utilization Review non-certified the request for MRI of the left knee with contrast and Celebrex 200 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in February 2004 and continues to be treated for low back and left knee pain. In March 2015 medications included Motrin, Zanaflex, and Norco. Medications were decreasing pain from 8/10 to 4/10. She was not having any side effects including an absence of dyspepsia. In August 2015 medications had been denied. Physical examination findings included bilateral knee swelling. There was left knee joint line tenderness. She had crepitus with flexion and extension. Diagnoses included post laminectomy syndrome with a history of L4/5 surgery in July 2006 and left knee pain status post arthroscopic surgery with extensive osteoarthritis. Motrin was discontinued as it had been denied and Celebrex was prescribed. Authorization for eight sessions of physical therapy for the left knee and an MRI of the left knee with contrast was requested for further evaluation. Guidelines address the role of an MRI scan of the knee after surgery which is recommended if there is a need to assess a knee cartilage repair. In this case, the claimant has undergone arthroscopic knee surgery. However, there are no complaints or physical examination findings that suggest the claimant has a new meniscal injury. The claimant has osteoarthritis of the knee which explains her symptoms and physical examination findings. An MRI of the knee is not medically necessary.

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, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in February 2004 and continues to be treated for low back and left knee pain. In March 2015 medications included Motrin, Zanaflex, and Norco. Medications were decreasing pain from 8/10 to 4/10. She was not having any side effects including an absence of dyspepsia. In August 2015 medications had been denied. Physical examination findings included bilateral knee swelling. There was left knee joint line tenderness. She had crepitus with flexion and extension. Diagnoses included post laminectomy syndrome with a history of L4/5 surgery in July 2006 and left knee pain status post arthroscopic surgery with extensive osteoarthritis. Motrin was discontinued as it had been denied and Celebrex was prescribed. Authorization for eight sessions of physical therapy for the left knee and an MRI of the left knee with contrast was requested for further evaluation. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. The claimant had been doing well with Motrin without dyspepsia. Guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. Although Motrin should not have been denied, Celebrex cannot be accepted as being medically necessary.