

Case Number:	CM15-0198565		
Date Assigned:	10/14/2015	Date of Injury:	09/13/2011
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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 57 year old female, who sustained an industrial injury on 9-13-11. The injured worker is being treated for rotator cuff tendinosis of right and left shoulder, joint effusion, anterior and posterior capsulitis and sprain, (HNP) herniated nucleus pulposus of lumbar spine, cervical (HNP) herniated nucleus pulposus and status post right and left knee arthroscopy and meniscectomy. Treatment to date has included oral medications including Norco 10-325mg (since at least 3-30-15) and Celebrex (since at least 3-30-15); right and left knee arthroscopy, transcutaneous electrical nerve stimulation (TENS) unit, chiropractic treatment, post-operative physical therapy and activity modifications. On 8-6-15 the injured worker complained of low back pain rated 5 out of 10 and right knee pain and stiffness rated 4-5 out of 10 and on 9-3-15, the injured worker complains of low back pain with radiation to bilateral lower extremities down to feet, rated 6 out of 10 and right knee pain and stiffness rated 4-5 out of 10. The injured worker reports functional improvement and improvement in pain with current medication regimen; she notes without medications pain level is 8-9 out of 10 and with medications 4-5 out of 10. She notes "improvement with activities of daily living as well as an increased ability to continue working as well as to sit, stand and walk". It is noted she may return to usual and customary work duties on 9-3-15. Physical exam performed on 8-6-15 and 9-3-15 revealed tenderness over medial joint line and anterior aspect of right knee with limited range of motion and patellofemoral crepitus; and tenderness over the lumbosacral region in midline and over the bilateral lumbar paraspinal muscles with muscle spasms and decreased range of motion. The treatment plan included request for Norco 10-325mg #100, Celebrex

200mg #60 with no refills and Lorazepam 1mg #20 with no refills, 3 months of transcutaneous electrical nerve stimulation (TENS) unit supplies and follow up appointment. On 9-21-15 request for Celebrex 200mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 9/3/15 progress report provided by the treating physician, this patient presents with low back pain radiating into bilateral lower extremities down to her feet, rated 6/10 and right knee pain/stiffness rated 4-5/10. The treater has asked for Celebrex 200mg #60 on 9/3/15. The patient's diagnoses per request for authorization dated 9/3/15 are disorders of bursae and tendons in shoulder region, unspecified; effusion of joint, shoulder region; other affections of shoulder region, not elsewhere classified; adhesive capsulitis; lumbar disc displacement with radiculopathy; sprains and strains of other specified sites of shoulder and upper arm; arthropathy, unspecified, shoulder region. The patient takes 3-4 Norco per day, 2 Celebrex per day as needed, and occasionally takes Lorazepam once a day for anxiety per 8/6/15 report. The patient is s/p right knee arthroscopy and meniscectomy from 7/31/14 per 7/7/15 report. The patient is currently in a home exercise program per 8/6/15 report. The patient has been instructed to return to usual work duties on 8/6/15 without restrictions per progress report of the same date. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" In this case, a prescription for Celebrex is first noted in progress report dated 3/30/15, and in subsequent reports dated 7/7/15, 8/6/15, and 9/3/15. However, the treater does not specifically document the impact of the NSAID on pain and function during 5 months of use. Given the lack of documentation of efficacy, as required by MTUS page 60, the

continuation of the requested Celebrex cannot be substantiated. Hence, the request IS NOT medically necessary.