

<b>Case Number:</b>	CM15-0203712		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on 11-27-01. The documentation on 8-28-15 noted that the injured worker has complaints of bilateral knee pain and low back pain is rated 5 to 6 out of 10. The documentation noted that the injured worker is able to get out of bed and go about his activities of daily living independently each day with his medication and without the medications he has great difficulty ambulating. The injured workers gait is moderately antalgic due to knee pain, especially the left knee. Right knee has slight tenderness of the peripatellar region and slight swelling. Range of motion is 0 degrees of extension to 100 degrees of flexion. There is popping felt with range of motion. Left knee has moderate tenderness noted over the anterior and lateral knee. magnetic resonance imaging (MRI) of the lumbar spine on 12-6-10 reveals most significant finding at L1-2, there is a subtle grade 1 retrolisthesis associated with degenerative disc disease with extensive facet changes; there was a 3 millimeter broad-based bulge at this level; at the L5-S1 (sacroiliac) there is mild neural foramina narrowing slightly more narrowed on the right than the left and in addition, there is a 3 millimeter central disc protrusion. Lumbar spine tenderness to palpation and spasm of the left greater than right paralumbar muscles. The diagnoses have included lower leg injury not otherwise specified. Treatment to date has included norco allows the injured worker to maintain his pain at a baseline level, he has increased range of motion and decreased pain and able to ambulate as tolerated with a cane; left knee arthroscopy on 7-26-02; post, left total knee replacement on 6-23-09; revision total knee replacement, left knee on 3-6-10; neurontin; celebrex; prilosec and muscle stimulator. The documentation on 4-27-15 noted that the injured

worker was previously on celebrex however he found ibuprofen more beneficial so celebrex was no longer being taken. The documentation on 6-5-15 noted that ibuprofen will be discontinued and the injured worker will continue with celebrex due to improvement in symptoms. The original utilization review (9-23-15) modified the request for 1 prescription of celebrex 200mg #30 with 3 refills to celebrex 20mg #30 with 1 refill. The request for 1 muscle stimulator supplies with electrodes #60 has been non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription of Celebrex 200mg #30 with 3 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 with three refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX two non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are bilateral knee strain, left greater than right, status post left knee arthroscopy July 2002, status post right knee arthroscopy September 2002; status post left knee total knee replacement June 23, 2009; status post revision total knee replacement left knee March 2010; G.I. upset due to pain medication; lumbar strain left greater than right as a compensable consequence. Date of injury is November 27, 2001. Request for authorization is September 16, 2015. According to a March 9, 2015 progress note, current medications included ibuprofen, Norco and Prilosec. The injured worker was using a muscle stimulator. There is no documentation of objective functional improvement with ongoing ibuprofen, Norco or the muscle stimulator. According to a June 5, 2015 progress note, ibuprofen was discontinued and Celebrex was started. Celebrex resulted in significant improvement in pain and swelling. There was no clinical rationale or indication for discontinuing ibuprofen in the record. According to an August 31, 2015 progress note, subjective complaints include ongoing bilateral knee pain and low back pain 6/10. The injured worker has ongoing chronic pain. Objectively, there is right knee tenderness with decreased range of motion. There is lumbar spine tenderness and spasm with decreased range of motion. There is no clinical indication or rationale for the discontinuation of ibuprofen. There is no documentation of failed treatment with ibuprofen. There is no clinical indication or rationale for starting Celebrex. There is no clinical indication for an additional three refills based on the main concern of adverse effects with Celebrex. Based on the clinical information in the medical record, peer-reviewed

evidence-based guidelines, no documentation of weaning of either ibuprofen, no clinical indication or rationale for starting Celebrex on or about June 5, 2015, no documentation of failed ibuprofen treatment, and no documentation demonstrating objective functional improvement to support ongoing Celebrex, Celebrex 200 mg #30 with three refills is not medically necessary.

### **1 Muscle stimulator supplies with electrodes #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neuromuscular electrical stimulation (NMES devices); TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one muscle stimulator supplies with electrodes, #60 is not medically necessary. Neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are bilateral knee strain, left greater than right, status post left knee arthroscopy July 2002, status post right knee arthroscopy September 2002; status post left knee total knee replacement June 23, 2009; status post revision total knee replacement left knee March 2010; G.I. upset due to pain medication; lumbar strain left greater than right as a compensable consequence. Date of injury is November 27, 2001. Request for authorization is September 16, 2015. According to a March 9, 2015 progress note, current medications included ibuprofen, Norco and Prilosec. The injured worker was using a muscle stimulator. There is no documentation of objective functional improvement with ongoing ibuprofen, Norco or the muscle stimulator. According to a June 5, 2015 progress note, ibuprofen was discontinued and Celebrex was started. Celebrex resulted in significant improvement in pain and swelling. There was no clinical rationale or indication for discontinuing ibuprofen in the record. According to an August 31, 2015 progress note, subjective complaints include ongoing bilateral knee pain and low back pain 6/10. The injured worker has ongoing chronic pain. Objectively, there is right knee tenderness with decreased range of motion. There is lumbar spine tenderness and spasm with decreased range of motion. As noted above, there is no documentation demonstrating objective functional improvement to support ongoing muscle

stimulator treatment with documentation indicating the muscle stimulator was in use as far back as March 9, 2015. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation demonstrating objective functional improvement, one muscle stimulator supplies with electrodes, #60 is not medically necessary.