

<b>Case Number:</b>	CM15-0204439		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/28/1996
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female injured worker suffered an industrial injury on 8-28-1996. The diagnoses included knee osteoarthritis with total knee replacement. On 8-25-2015 the treating provider reported right knee pain that was rated 6 out of 10 with medication and 8 out of 10 without medication. On exam the gait was noted as abnormal and range of motion was painful with tenderness of the joint. On visit 8-25-2015 the provider did not mention the use of Voltaren or Diclofenac and ordered Ibuprofen. Celebrex had been used at least since 4-2015. Diclofenac was started 7-2-2015. Voltaren was started on 7-30-2015. The medical record had unclear information as to the concurrent use of multiple nonsteroidal anti-inflammatory drugs. The Utilization Review on 9-26-2015 determined non-certification 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, Section(s): NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. The provided records are unclear as to which NSAIDs the patient is currently taking, which makes the utilization review denial reasonable pending clarification. In this case, given that the provided documents indicate that medications are not successfully mitigating the patient's pain, and in light of the chronic nature of the treatment, the risk of continued use likely outweighs the benefit and therefore the treatment is not medically necessary.