MAXIMUS Federal Services

Case Number:	CM15-0033021		
Date Assigned:	03/04/2015	Date of Injury:	12/03/2011
Decision Date:	04/10/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/23/2015

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 44-year-old male, who sustained an industrial injury on 12/03/2011. The diagnoses have included nonallopathic lesions, lower extremities. Treatment to date has included conservative measures. Currently, the injured worker complains of right knee pain, rated 7/10. Medications included Advil, Butrans, Celebrex, Fetzima, Naprosyn, Tylefon, and Tylenol #3. Body mass index was 33%. Physical exam noted varus stress test with grade III injury right, abnormal patellar glide test, and abnormal McMurray's test. X-ray of the right knee on 1/29/2014 was referenced as negative. Magnetic resonance imaging of the right knee on 1/29/2014 was referenced as showing stable mild chondromalacia at the weight-bearing surface of the medial femoral condyle and posterior patella and at the posterior horn medial meniscus. There was a small ganglion cyst at the meniscal tibial root at the anterior horn of the lateral meniscus, smaller than on previous exam. On 1/21/2015, Utilization Review non-certified a request for Celebrex 200mg #30, with three refills, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 70, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: The 1/21/15 Utilization Review letter states the Celebrex 200mg, #30 with 3 refills requested on the 1/07/15 medical report was denied because there was no rationale for combining the nonselective NSAID naproxen with the selective NSAID Celebrex, and on peer-to-peer, the request was in error and Celebrex is not currently being used. According to the 1/7/15 medical report, the patient presents with chronic knee pain. The report shows the current medications include naproxen and Celebrex. It appears that the UR physician contacted the treating physician and verified that the patient was not using Celebrex, but apparently the applicant's attorney sent the denial for the Celebrex (that is not being used), through the IMR process. It is somewhat of a waste of time and resources to review a treatment that is not being used. But for thoroughness, MTUS Chronic Pain Medical Treatment Guidelines, pg 67-68 Specific recommendations for anti-inflammatory medications for Osteoarthritis (including knee and hip) states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Naproxen was approved and appears to be effective at a lower dose then when combined with Celebrex. Therefore, combining Celebrex with naproxen is not in accordance with the MTUS guidelines. The request for Celebrex 200mg, #30 with 3 refills IS NOT medically necessary.