

<b>Case Number:</b>	CM15-0053379		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, 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 50 year old female with an industrial injury dated January 16, 2012. The injured worker diagnoses include meniscal tear of medial status post left knee arthroscopic meniscectomy, bilateral and right tear/sprain medial collateral ligament (MCL). Treatment consisted of diagnostic studies, prescribed medications, knee orthovisc injections, physical therapy, activity modification and periodic follow up visits. According to the treating physician report dated 02/12/2015, the injured worker reported bilateral knee pain. X-ray of the bilateral knee/leg on 01/03/2015 revealed well preserved joint spaces, good patellofemoral relationship, no loose bodies, no heterotopic calcifications and no acute fractures. The injured worker received a right knee orthovisc injection on 2/12/2015. The treating physician noted that the injured worker tolerated the procedure well. The treating physician prescribed Celebrex 200mg #30 with 4 refills now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 70.

**Decision rationale:** Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. Per progress report dated 1/7/15, it was noted that the injured worker has failed naproxen and ibuprofen which caused reflux. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The injured worker rated her pain 3/10 with medication and 4-5/10 without. The UR physician's rationale for denial was not available for review. The request is medically necessary.