

<b>Case Number:</b>	CM14-0163829		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59 year-old male with the date of injury of 08/04/2011. The patient presents with pain in his knees bilaterally, aggravated by his activities. The patient denies knee pain instability or giving way with the right or left knee. The patient attended physical therapy and is doing home physical therapy program to maintain the range of motion and strength of both knees. The patient is currently taking Amoxicillin, Norco, Keflex, Lipitor, Zyrtec, Vicodin, Celebrex, Lexopro, Nortriptyline Hcl, Lisinopril, Tramadol Hcl, and Aspirin. According to [REDACTED] report on 03/27/2014, his diagnosis is osteoarthritis, knee, symptomatic. The utilization review determination being challenged is dated on 09/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports on 01/23/2014 to 09/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg twice a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Medications for chronic pain Page(s): 69 60 61.

**Decision rationale:** The patient presents constant and mild pain in his both knees from repetitive sprain/ strain injury. He is s/p right Smith nephew posterior stabilized knee replacement on 03/05/2013 and left total knee replacement on 09/13/2013. The request is for Celebrex 200mg twice a day. MTUS guidelines recommend anti-inflammatories to reduce pain. MTUS guidelines state that COX-2 (Celebrex) may be considered if the patient has a risk of GI complications with caution. None of the reports included in the file specifically discuss the request or the patient's gastric problems either. There is no indication of exactly when the patient began using Celebrex or how Celebrex has been helpful in terms of decreased pain or functional improvement. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.