

<b>Case Number:</b>	CM14-0167024		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 51 yo female who sustained an industrial injury on 05/05/2012. The mechanism of injury was not provided for review. Her diagnosis is chronic left knee pain s/p arthroscopy 04/26/2013. She continues to complain of left knee pain and on physical exam has trace effusion with decreased range of motion and positive grind test and positive patellofemoral crepitation. Treatment in addition to surgery has included medical therapy with Celebrex and Voltaren Gel 1%. The treating provider has requested Celebrex 200mg # 30, and Voltaren Gel 1%.

### 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 Treatment Guidelines Anti-inflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines: anti-inflammatories

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines California MTUS Guideline Page(s): 30.

**Decision rationale:** NSAIDs may be grouped into three categories based on their relative selectivity for COX2; there are non-selective, partially selective, and selective agents. Celecoxib

is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug directly targets COX-2, an enzyme responsible for inflammation and pain. Celecoxib may have a lower risk of GI events relative to nonselective NSAIDs; however, this has not been conclusively demonstrated with long term use and it is not known how Celecoxib compares to generic partially selective NSAIDs. The difference in the absolute risk of serious GI effects between Celecoxib and other NSAIDs is small and of unknown clinical significance. Elderly, those using high doses of NSAID, concurrent use of corticosteroids or anticoagulants, and prior history of significant GI related events may result in an increase in the incidence of adverse effects from any NSAID. There is no specific indication for Celebrex therapy and there is no documentation that this particular medication has improved her functional ability. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Voltaren Gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Diclofenac Sodium (Voltaren)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 Page(s): 111.

**Decision rationale:** The documentation indicates that the claimant has chronic left knee pain. She is maintained on medical therapy which includes an oral Cox 2 inhibitor anti-inflammatory medication, Celebrex and a topical non-steroidal anti-inflammatory medication, Voltaren Gel 1%. Per California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. In addition, there is no indication for the treatment of chronic pain with both oral and topical non-steroidal anti-inflammatory medications. Medical necessity for the requested Voltaren Gel 1% has not been established. The requested treatment is not medically necessary.