

Case Number:	CM14-0093228		
Date Assigned:	07/18/2014	Date of Injury:	07/07/2008
Decision Date:	08/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational Medicine 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:

This patient is a 60 year old female with a date of injury of 7/07/08. Subsequent to a slip and fall she has developed long term low back pain. She also is status post (s/p) total knee replacement with a diagnosis of osteoarthritis and chondromalacia. The treating physician's recent notes have not been sent for review. The U.R. review of the treating physicians recent notes documents good pain relief with her current medications (Norco 10/325 #100 per month and Celebrex 200mg/day). No side effects are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: The UR denial interpreted MTUS Guidelines as only recommending COX-2 non-steroidal anti-inflammatory drugs (NSAIDs) (Celebrex) if there was moderate to severe GI risks. A full reading of the Guidelines on NSAID's notes the benefits and risks of various NSAIDs, but Guidelines do not recommend the limiting of Celebrex to only individuals with

gastrointestinal (GI) risks. If there are GI risks, use of Celebrex is one of the recommendations made, but Guidelines do not limit its use to that specific group of patients. The records available for review document reasonable pain relief and a lack of side effects. There is inadequate medical information to support a Guideline recommend denial of Celebrex. The Celebrex is medically necessary.