

<b>Case Number:</b>	CM14-0219234		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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 45 year old male sustained an industrial injury reported on 6/10/2010. He has reported decreasing right knee pain with clicking noise. The diagnoses have included partial knee arthroplasty; and osteoarthritis lower leg. Treatments to date have included consultations; diagnostic laboratory and imaging studies; right knee partial replacement surgery (5/2014); physical therapy; aspirin therapy for deep vein thrombosis prophylaxis; and medication management. The work status for this injured worker was noted to be temporarily totally disabled. On 12/4/2014 Utilization Review non-certified, for medical necessity, the request for Celebrex 200mg #60 with 2 refills for pain, noting the MTUS Guidelines for anti-inflammatory medications, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22,60.

**Decision rationale:** The 44 year old patient is status post right knee unicompartmental arthroplasty - date of the surgery is not mentioned -, and currently complains of intermittent pain and clicking noise, as per progress report dated 09/25/14. The request is for CELEBREX 200 mg. There is no RFA for this request. The date of injury is 06/10/10. The patient's diagnostic impressions is stable right UKA, as per progress report dated 09/25/14. The treater seeks to discontinue pain medications and start weaning the patient, as per the same report. In progress report dated 08/14/14, the treater states that the patient is 3 months s/p right UKA and rates his pain as 5/10. The patient's work status is temporarily totally disabled, as per progress report dated 09/25/14. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, only two progress reports are provided for review and none of them document the medications used for pain relief. In fact, in progress report dated 09/25/14, the orthopedic surgeon seeks to wean off pain medications. The UR denial letter, however, states that the patient has been using Ibuprofen for pain relief. It is not clear why the treater seeks to switch to Celebrex which is another NSAID. The progress reports do not document a reduction in pain or improvement in function due to Ibuprofen use. However, the patient does suffer from intermittent pain in the right knee for which Celebrex is generally indicated. Hence, the medication can be taken at the treater's discretion and IS medically necessary.