

<b>Case Number:</b>	CM14-0061696		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/07/1999
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 64 year old male who sustained an industrial injury to his knees and lower back on 04/07/1999. The injured worker was diagnosed with bilateral chronic knee pain, chondromalacia and osteoarthritis of the right knee. The injured worker is status post left knee arthroplasty in August 2009. Treatment to date includes diagnostic testing, surgery, physical therapy and current medication regimen. According to the primary treating physician's progress report on April 3, 2015, the injured worker reports left knee is improving and rates his pain level at 0-1/10 and 6-9/10 without medications and is able to fully bend his knee. Climbing stairs and hills remain difficult. He reports some right knee and low back pain which also improves with medications. Examination demonstrated little palpable pain in the medial, lateral compartments and prepatellar area of the left knee. There is more palpable pain in both compartments of the right knee. Current medications are listed as Celebrex, Norco, Gabapentin and compounded creams. Treatment plan consists of continuing with medications, activity and the current request for Celebrex renewal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 3 prescription refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celebrex 3 prescription refills are not medically necessary and appropriate.