

Case Number:	CM15-0006216		
Date Assigned:	01/20/2015	Date of Injury:	01/10/1994
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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: Internal Medicine

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 52 year old man sustained an industrial injury on 1/10/1994. The mechanism of injury is not detailed. Current diagnoses include derangement of lateral meniscus, pain in joint of lower leg, contusion of knee, and knee joint replacement by other means. Treatment has included oral medications and surgical intervention. Physician notes dated 12/19/2014 show complaints of back and right knee pain. The plan was to continue taking celebrex as needed. A rationale section was included, however, this is essentially drug information and guidelines and not reasoning specific to the worker. No other rationale was identified. However, looking back, the worker seems to have been taking the celebrex since at least 3/11/2014 per documentation, however, documentation to explain medication selection is missing as well as previous medications failed. On 12/29/2014, Utilization Review evaluated a prescription for celebrex 200 mg #30, that was submitted on 1/5/2015. The UR physician noted there is no documented contraindication to nonselective NSAIDs or intolerance. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints Page(s): 308, 338.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for knee and low back conditions. The medical records document a history right knee pain, status post multiple surgeries for the right knee, right medial and lateral meniscus tears, degenerative joint disease of the right knee, left knee pain, degenerative changes in the left knee, and chronic right L4 radiculitis. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines supports the use of Celebrex, which is a nonsteroidal anti-inflammatory drugs (NSAID), for knee and low back conditions. Therefore, the request for Celebrex is medically necessary.