

<b>Case Number:</b>	CM15-0010582		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: 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 48 year old female, who sustained an industrial injury on 10/1/2011. She has reported pain in the lower back and left knee. Magnetic Resonance Imaging (MRI) of the left knee 9/19/14 significant for arthritis and baker's cyst with no obvious medial meniscal tears. Electromyogram studies, 9/23/14, of lower left extremity and lumbar paraspinous muscles L2-S1 were negative for acute findings. The diagnoses have included left knee pain, status-post petellofemoral arthritis, status-post medial and lateral meniscal tears, and right foot rule out neuropathic injury. Treatment to date has included medication and steroid injection to left knee. Currently, the IW complains of pain, aching and swelling of the calf. Physical examination dated 11/26/14 did not include objective findings. Report of with 40% improvement in symptoms from the prior knee joint injection and improvement in neurotic pain from Lyrica trial previous given. On 12/29/2014 Utilization Review non-certified Celebrex 200mg #60 and Lyrica 75mg #30, noting the documentation did not support the medical necessity for the required treatment in light of other traditional Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) or in addition to the use of Neurontin. The MTUS Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of Celebrex 200mg #60 and Lyrica 75mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs Page(s): 22, 67-68.

**Decision rationale:** According to the 11/26/2014 report, this patient presents with left knee pain, right ankle and foot pain. The current request is for Celebrex 200 mg #60. The MTUS Guidelines pages 67, 68 do allow use of oral NSAIDs for osteoarthritic pains, and recommends it for shortest time possible. Page 22 of MUTs does recommend oral NSAIDs for low back but for Celebrex, it states, COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. In reviewing the provided medical records, the treating physician states we're going to go ahead and recommend some Celebrex since she does not take any inflammatories. This medication was first mentioned in this report. The patient is diagnosed with status post patellofemoral arthritis. In this case, given that the patient has osteoarthritic pain and the treating physician is requesting Celebrex for the patient's pain. The request is supported by the MTUS and IS medically necessary.

**Lyrica 75mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs; Lyrica Page(s): 18-19.

**Decision rationale:** According to the 11/26/2014 report, this patient presents with left knee pain, right ankle and foot pain. The current request is for Lyrica 75 mg #30. Regarding Lyrica for pain, MTUS Guidelines recommend it for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Lyrica was first mentioned in the 10/08/2014 report and it is unknown exactly when the patient initially started taking this medication. Review of the provided reports indicates that the patient has neuropathic pain and the treating physician mentions that the Lyrica we gave her for her neuritic pain also helps some. In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. The current request IS medically necessary.