

Case Number:	CM15-0011622		
Date Assigned:	01/30/2015	Date of Injury:	03/11/2007
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 59 year old female with an industrial injury dated March 11, 2007. The injured worker diagnoses include lumbar herniated disc, left lower extremity radiculopathy, right knee osteoarthritis, left knee osteoarthritis, and bilateral chondromalacia patella . She has been treated with diagnostic studies, radiographic imaging, prescribed medications, heat/ice therapy, activity restrictions and periodic follow up visits. According to the progress note dated 11/12/14, the injured worker reported knee pain. Documentation noted that the pain radiates to the lower back, buttock, hip and leg. Physical exam revealed varus deformity on bilateral knees with bilateral tenderness at the medial joint. Treating physician noted a mild to moderately antalgic gait. The treating physician prescribed Celebrex no dosage, frequency and duration, and quantity. Utilization Review determination on December 17, 2014 denied the request for Celebrex no dosage, frequency and duration, and quantity, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex no dosage, frequency and duration, and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex for long term without significant improvement. In addition, the patient has been prescribed 2 anti-inflammatory medications and it has been listed 3: Celebrex, buprofen, and Motrin; noting that Motrin and Ibuprofen are from the same class of drug. Therefore, the prescription of Celebrex is not medically necessary.