

<b>Case Number:</b>	CM15-0175729		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/14/2001
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 39 year old female, who sustained an industrial injury on 11-14-01. The injured worker is diagnosed with complex regional pain syndrome (left leg), post left total knee arthroplasty. Her disability status is permanent and stationary. Notes dated 5-1-15 and 7-20-15 reveals the injured worker presented with complaints of moderate to severe left leg pain described as aching, hot-burning, sharp, shooting, stabbing, throbbing and nagging. The pain is increased by ascending and descending stairs, increased activity and walking and is decreased by rest and medications. Physical examinations dated 5-1-15 and 7-20-15 revealed left knee range of motion is decreased, decreased flexion due to "posterior thigh-calf impingement and asymmetrical flexion contractures present." Treatment to date has included medications; MS Contin, Percocet, Klonopin, Celebrex (minimum of 6 months), Cymbalta, Lyrica, Ambien, Naproxen, Fentora, Keppra, Seroquel, Ranitidine, Prilosec, which reduces her pain from 10 out of 10 to 7 out of 10. A request for authorization dated 6-22-15 for Celebrex 200 mg #30 is denied, per Utilization Review letter dated 8-14-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. It was noted per the medical records that the injured worker has a history significant for gastroesophageal reflux disease. However, it is also noted that the injured worker is concurrently using naproxen 500mg 1 tablet twice a day. As the injured worker is not refractory to treatment with naproxen, the request is not medically necessary.