

Case Number:	CM15-0063699		
Date Assigned:	04/09/2015	Date of Injury:	08/31/2012
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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 51 year old, female who sustained a work related injury on 8/31/12. The diagnoses have included bilateral knee osteoarthritis and status post bilateral knee arthroscopic surgeries. Treatments have included bilateral knee surgeries, some weight loss and medications. In the PR-2 dated 3/5/15, the injured worker complains of bilateral knee pain. She rates the pain a 5-7/10 and the pain never gets below 3/10. The treatment plan is a prescription for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex cap 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22, 67, 78, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 08/31/2012 and presents with knee pain. The request is for CELEBREX capsules 200 mg #60. There is no RFA provided, and the patient is currently not working. The patient has been taking Celebrex as early as 01/08/2015. MTUS

guidelines page 22 on anti-inflammatory medications state that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "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 10-1 difference in cost." The patient uses a cane to ambulate, is tender to palpation on both medial and lateral knee joint lines, and is unable to completely straighten both legs. She is diagnosed with bilateral knee osteoarthritis. The 02/05/2015 report states that the patient rates her pain as a 6/10 without medications and a 2/10 with medications. The 03/05/2015 report states that the patient rates her pain as a 5-7/10 without medications and a 3/10 with medications. MTUS pages 60-61 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides before-and-after pain scales. However, there is no explanation as to why the patient is on Celebrex rather than other NSAIDs. There is no discussion regarding GI issues, or prior NSAIDs tried and failed. MTUS does not support Celebrex for majority of patients and its use must be justified. The request IS NOT medically necessary.