

<b>Case Number:</b>	CM15-0064860		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 55 year old female sustained an industrial injury to the neck and back on 6/21/11. The injured worker later developed right hip and right knee pain. Previous treatment included magnetic resonance imaging, right knee arthroscopy with medial meniscectomy, right hip arthroscopy, physical therapy, injections and medications. In a PR-2 dated 2/11/15, the injured worker complained of neck pain with radiation to the mid back associated with numbness, tingling and weakness to the right arm, mid back pain with numbness and tingling, right shoulder pain and right hip pan. Current diagnoses included status post right hip arthroscopy and labral repair, status post right knee arthroscopy with partial meniscectomy and dorsal pain. The treatment plan included medications (Ultram and Celebrex) and a urine drug screen.

### 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 Treatment Guidelines Page(s): 9, 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and is being treated for right hip and knee pain. Treatments have included arthroscopic surgery. When seen, her past medical history included hypertension and pre-diabetes. Celebrex was prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines recommend a non-selective non-steroidal anti-inflammatory medication be prescribed. Celebrex was therefore not medically necessary.