

<b>Case Number:</b>	CM15-0068275		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 08/06/2014. The injured worker is currently diagnosed as having knee degenerative osteoarthritis, elbow arthralgia, forearm joint pain, left leg joint pain, elbow medial epicondylitis, and wrist sprain. Treatment to date has included bilateral knee MRI, heat/ice, topical analgesics, anti-inflammatory medications, home exercise program, bilateral wrist splints, Orthovisc injections, and pain medications. In a progress note dated 02/24/2015, the injured worker presented with complaints of increased pain and weakness in legs. Physical examination of the revealed tenderness on palpation over elbow and wrist and 0-140 degree ROM of bilateral knee. Per the doctor's note dated 3/10/15 patient had complaints of pain and swelling in wrist and had trouble in bending. Physical examination revealed tenderness on palpation over elbow wrist and knee. The treating physician reported requesting authorization for Celebrex. The patient has had MRI of the bilateral knee on 11/19/14 that revealed meniscus tear. The medication list includes meloxicam/Mobic , Tramadol and Propranolol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67, 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22 Celebrex Page 30.

**Decision rationale:** Celebrex 200mg #60. Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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." (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) According to the cited guidelines, Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Response to usual non-selective NSAIDs is not specified in the records provided. In addition, per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. The patient's medication list also includes Mobic /Meloxicam which is another NSAID. The response to the Mobic /Meloxicam without the Celebrex was not specified in the records provided. The rationale for the use of two NSAIDs is not specified in the records provided. The medical necessity of the request for Celebrex 200mg #60 is not fully established in this patient. Therefore, the request is not medically necessary.