

<b>Case Number:</b>	CM15-0099322		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Alabama, 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 38 year old female patient who sustained an industrial injury on 04/15/2003. The accident was described as while working as a caregiver making a bed for a client and reached across the bed lifting and twisting her left leg and heard a popping sound and felt a sensation in the right knee. She was evaluated, treated and subsequently underwent right knee surgery. A recent primary treating office visit dated 04/23/2015 reported subjective complaint of right knee and left wrist/hand pains. She is currently not working. The diagnostic impression found the patient status post partial meniscectomy, right knee and left wrist strain/sprain. She is to complete acupuncture session, prescribed Celebrex and deemed permanent and stationary. She underwent electrodiagnostic nerve conduction study on 11/24/2014 which revealed normal upper left extremity study. Medications back on 10/27/2014 showed: Celebrex, Ultram and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Celebrex 200mg Qty: thirty (30.00) with five (5) refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**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. Therefore, the prescription of Celebrex 200mg #30 with 5 refills is not medically necessary.