

<b>Case Number:</b>	CM13-0020005		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60-year-old female with date of injury on 05/03/2009. The progress report dated 08/06/2007 by [REDACTED] indicates that the patient's diagnoses include: 1) Status post right total knee replacement, 08/01/2011, 2) Status post revision of total knee replacement, 03/11/2013. The patient continues with a 6/10 to 7/10 knee pain that comes down to a 3/10 with pain medication. The medication allows her to continue taking care of herself. Exam findings include slight warmth with 5-degree extension lag. Flexion of the knee is 110 degrees. Motor strength is 5-/5. The patient was continued on Celebrex 200 mg #30 with 1 refill and Norco 10/325 mg #60 with 1 refill. The utilization review letter dated 08/19/2013 issued non-certification of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient continues with significant right knee pain and reports good benefit from pain medication including the Celebrex. MTUS Guidelines page 22 regarding anti-inflammatory medications states that they are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume. Regarding Celebrex, MTUS specifically states that it may be considered if the patient has a risk of GI complications, but not for the majority of patients. I reviewed 9 reports between 03/26/2013 and 12/03/2013. There is no mention by the treating physician of any GI complications. However, this patient is 60 years old, and the injury dates back to 2009. It may be that the patient has tried other NSAIDs in the past. Currently, the treater reports good efficacy with Celebrex and recommendation is for authorization.

**Norco 10/325mg #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Therapeutic Trial of Opioids regarding On-Going Management Page(s): s.

**Decision rationale:** The patient continues with significant right knee pain which is helped with the Norco. The records consistently indicate the patient reports a 7/10 pain coming down to a 3/10 pain with pain medication. The patient is able to continue basic activities of daily living because of the medication. MTUS Guidelines page 78 regarding therapeutic trial of opioids regarding ongoing management recommends consistent evaluation of the 4 A's for ongoing monitoring which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The records appear to indicate that the patient has experienced good pain relief and functional improvement with the medication. However, MTUS also requires evaluation of adverse side effects and aberrant drug-taking behaviors. There is no mention by the treating physician in the 9 months of records I reviewed to indicate that the treating physician had evaluated the patient regarding adverse side effects, and there is no record of urine drug screen found in the 129 pages of records reviewed. MTUS p78 under On-Going management of opiates, Use of drug screening is recommended. Therefore, recommendation is for denial.