

Case Number:	CM14-0101628		
Date Assigned:	07/30/2014	Date of Injury:	01/11/2005
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Ohio. 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/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 injured worker is a 44-year-old female who reported an injury on 01/11/2005. The mechanism of injury was not provided. The injured worker has had diagnoses of reflex symptomatic dystrophy and unspecified derangement of medial meniscus. The injured worker had past treatments of medication management, a home exercise program, physical therapy, urine drug screening, and surgery. The injured worker had an MRI of the left knee on 01/23/2012, an x-ray of the right knee on 05/28/2014, and an x-ray of the left knee, 3 views. Upon exam on 06/17/2014, the injured worker was seen for follow-up and re-evaluation from the last visit on 04/24/2014. She had a fall 2 days prior at home. She went to the ER, but was not seen due to her workman's comp case. The injured worker had been using a brace and alternating ice and heat on her knees. Ice and heat combination helps numb the pain. The average pain level was 8/10 since the last visit. Functional level was at 3/10 since the last visit. The injured worker has poor sleep quality due to pain. The injured worker is using a sleep air. The injured worker was working. Current medications included Abstral 300 mcg tablets sublingual 1 tablet twice a day as needed for pain, amitriptyline 25 mg, Celebrex 200 mg, and Nucynta ER 250 mg 12 hour. The exam revealed the injured worker continued to have residual knee pain. She complained of increased pain since her fall. She had decreased active range of motion with left greater than right pain; otherwise the exam is essentially the same as the last visit. The request is for Norco 10/325 mg #60 and Celebrex 200 mg #60. The request for authorization form and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker continues to have pain rated 8/10. There has been no change from previous visit on 04/24/2014. The injured worker was in compliance with the urine drug test. There is lack of improvement in function and pain with the use of this medication. There is also lack of documentation of on the ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and drug related behaviors. As such, the request is not medically necessary.

Celebrex 200 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The CA MTUS recognize Celebrex as a nonsteroidal 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. NSAIDS are also recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is lack of documentation of functional improvement with the use of said medication. The injured worker continues to have pain at a rate of 8/10. As such, the request is not medically necessary.