

Case Number:	CM14-0013262		
Date Assigned:	02/28/2014	Date of Injury:	03/19/2008
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/03/2014

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 Pain Medicine, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old male injured on 12/07/94 due an undisclosed mechanism of injury. Current diagnoses include traumatic arthritis of the left knee, status post left total knee replacement, traumatic arthritis of the right knee, long term non-steroidal anti-inflammatory drug use, internal derangement of the left knee with effusion, and wear complication of left total knee replacement. The documentation indicates the injured worker is 5 years post left total knee replacement which required a left knee manipulation postoperatively for stiffness. The clinical note dated 01/14/14 indicates the injured worker continues to manifest suboptimal results of surgery due to chronic pain, swelling and clunking in the left knee although very good range of motion is noted. The documentation indicates the injured worker reports constant ache in the left knee but when Cosamin DS is not utilized bilateral knees causes increased discomfort. The injured worker reports right knee aching on a weekly basis with sharp pain in the back of the knee with certain activities and the anterior aspect of the right knee has painful crepitus. Physical examination reveals visible swelling of the left knee, full flexion from 0 to 140 degrees, multiple complex clunks are still present in the left knee as it goes through the last 30 degrees of extension. The injured worker continues to play golf and work out 3-4 times a week and is compliant with conservative treatment. Current medications include Celebrex 200mg twice a day, Cosamin DS 500mg every day, Prilosec and multiple daily vitamins. The previous request for Celebrex 200mg as needed and Prilosec 20mg as needed was non-certified on 01/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 200 mg as needed is not medically necessary.

Prilosec 20 mg as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug (e.g., NSAID + low-dose ASA). Documentation indicates the patient reports gastric symptoms associated with chronic non-steroidal anti-inflammatory drug use. As such, a modified request for the request for Prilosec 20mg #30 tablets, one tablet every day as needed with no refills is medically necessary.