

Case Number:	CM14-0122054		
Date Assigned:	08/06/2014	Date of Injury:	07/01/2013
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/03/2014

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 Physical Medicine & Rehabilitation, Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 59 year old male with a reported date of injury of 07/01/2013. The mechanism of injury was a fall. The diagnoses included meniscus injury and osteoarthritis to the right knee. The past treatments included pain medication and physical therapy. An MRI of the right knee performed on 07/22/2014 revealed mild degenerative arthrosis and small joint effusion. There was no relevant surgical history noted. On 07/16/2014, the subjective complaints included right knee pain and right hip pain rated 8/10. The physical examination noted limited range of motion in the bilateral lower extremities secondary to pain. Additionally the strength to the right lower extremity was noted as 3/5. The medications included Celebrex, Ultram, and Gralise. The treatment plan was to continue medications. The rationale was to relieve pain. The request for authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22, 67-68.

Decision rationale: The request for Celebrex 200mg # 30 is not medically necessary. The California MTUS guidelines state that anti-inflammatories are the traditional first line of treatment and Celebrex may be considered if the patient has a risk of GI complications. Additionally the guidelines state that NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker has chronic right knee and right hip pain. There was no clear documentation regarding significant pain relief or objective functional improvements with Celebrex. Furthermore, the request as submitted does not provide a medication frequency. As such, the request for Celebrex 200mg # 30 is not medically necessary.

Gralise 600mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.gralise.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Gralise 600mg #30 (to replace Elavil) is not medically necessary. The California MTUS guidelines state Gabapentin is considered a first-line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The injured worker has chronic right knee pain. The notes indicate that the pain is from a meniscus injury and osteoarthritis to the right knee. There is no clear documented evidence of neuropathic pain. As there is no clear documented evidence of neuropathic pain, the request is not supported. As such, the request for Gralise 600mg #30 is not medically necessary.