

<b>Case Number:</b>	CM14-0130687		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 56 year old male who reported a date of injury of 09/01/2012. The mechanism of injury was reported as a fall. The injured worker had a diagnosis of status post total knee replacement. Prior treatments included physical therapy and home aquatic therapy. The injured worker had x-ray in 2012 and MRI in 2013. Surgeries included left total knee replacement on 11/20/2013. The clinical note dated 07/18/2014 noted the injured worker presented with complaints of pain rated 5-10/10 which was described as stabbing to the left knee with tenderness. The injured worker reported giving way of the knee giving way and worsening of pain with kneeling, squatting, prolonged standing, lifting and climbing stairs. The objective findings included positive patelloemoral joint line tenderness, range of motion in the left knee indicated the injured worker had 100 degrees of flexion. The injured worker had positive patellofemoral compression, patellofemoral crepitation and Apley tests. The injured worker had 5/5 strength, sensation to light touch was intact bilaterally in the lower extremities, and deep tendon reflexes were normal. The clinical note dated 08/12/2014 noted the injured worker had complaints of pain and swelling of the left knee and difficulty sleeping. The objective findings included left peripheral non-pitting edema and left quadriceps strength rated 4/5. Medications included Norco, Naprosyn and Celebrex. The treatment plan included Norco, Naprosyn and a Lidoderm patch. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 mg #120:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted did not specify a frequency of use. As such, the request is not medically necessary.

**Celebrex 200mg #90:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines indicate Celebrex is a non-steroidal 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. COX-2 inhibitors may be considered if the patient has a risk of gastrointestinal complications, but are not recommended for the majority of patients. There is a lack of documentation the injured worker is at risk for gastrointestinal complications. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.