

Case Number:	CM14-0155422		
Date Assigned:	09/25/2014	Date of Injury:	02/18/2009
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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 and Rehabilitation, 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 59-year-old female who reported an injury on 02/18/2009, after she fell off a stage landing on her bilateral knees. Injured worker reportedly sustained an injury to her low back, bilateral knees, and right hand. The injured worker's treatment history included physical therapy, medications, ice and heat applications, injections, and activity modifications. The injured worker was evaluated on 07/24/2014. It was documented that the injured worker had 7/10 pain without medications reduced to a 4/10 with the medications. It was noted that the injured worker denied illicit drug use, and she was compliant with medications. Objective findings included ambulation with a cane and paravertebral muscular spasming and tenderness in the lumbar region. The injured worker's diagnoses included lumbar facet arthropathy, status post right total knee arthroplasty, and chronic left knee pain. The injured worker's medications included Norco 10/325 mg and Celebrex 200 mg. The injured worker's treatment plan included continuation of medications and a urine drug screen. A Request for Authorization dated 08/13/2014 was submitted to support the request.

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 NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 16.

Decision rationale: The requested Celebrex 200 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, continued use of medications in the management of chronic pain should be supported by documented functional benefit and evidence of pain relief. The clinical documentation does indicate that the injured worker has pain relief resulting from the use of medications. However, there is no documentation of significant functional benefit as a result of medication usage. The clinical documentation indicates that the injured worker has been on this medication since at least 02/2014. Ongoing use would not be supported in this clinical situation given the lack of documented efficacy. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for Celebrex 200 mg #30 is not medically necessary or appropriate.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) , Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested urine toxicology screen is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of urine drug screens to assess for aberrant behavior in patients using opioids chronically. However, the clinical documentation submitted for review does indicate that the injured worker has no signs or symptoms consistent with aberrant behavior and is compliant with medication usage. Therefore, the need for a urine drug screen is not clearly indicated. The clinical documentation does not provide an adequate assessment to identify the injured worker is at risk for aberrant behavior, and requires a urine drug screen at the appointment. As such, the requested urine toxicology screen is not medically necessary or appropriate.