

Case Number:	CM14-0167019		
Date Assigned:	10/14/2014	Date of Injury:	12/07/1997
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 who was injured at work on 12/07/97. He had replacement of the left knee on 11/08/2011, but he has been experiencing pain in his right knee which is believed to be compensatory. The medical record of 08/27/14 reported the injured worker is experiencing worsening pain in his right knee. The pain is achy and constant, worse with weight bearing, prolonged walking and walking. The physical examination was positive for mild distress, limp, difficulty and pain while taking the erect posture, palpable tenderness of the medial aspect of the right knee. The remaining examination was essentially unremarkable. The X-ray of left knee was unremarkable; MRI of 2013 revealed medical meniscal tear. The injured worker has been diagnosed of degenerative arthritis left knee s/p TKA, Pain left knee. Treatments have included knee injections, Vicodin, and Celebrex. At dispute are the requests for MRI (magnetic resonance imaging) of the right knee; Celebrex 200mg, #60 with 2 refills, QTY: 180; and Vicodin 5/550, #100 with 2 refills, QTY: 300.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: The injured worker sustained a work related injury on 12/07/97. The medical records provided indicate the diagnosis degenerative arthritis left knee s/p TKA, Pain left knee. Treatments have included knee injections, Vicodin, and Celebrex. The medical records provided for review do not indicate a medical necessity for MRI (magnetic resonance imaging) of the right knee. Although the MTUS recommends MRI of the knee for meniscal tear when surgery is required, the MTUS does not recommend MRI in the absence of red flag for serious conditions. The records indicate the MRI of 2013 revealed medial meniscal tear; since then his condition has remained unchanged. Additionally, the ACOEM guidelines do not recommend routine MRI evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease. The requested test is not medically necessary.

Celerex 200mg, #60 with 2 refills, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30-31, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker sustained a work related injury on 12/07/97. The medical records provided indicate the diagnosis degenerative arthritis left knee s/p TKA, Pain left knee. Treatments have included knee injections, Vicodin, and Celebrex. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg, #60 with 2 refills, QTY: 180. Although the MTUS recommends the lowest dose of the Cox-2 selective agents, like Celebrex, at the shortest period of time for treatment of patients at intermediate risk for gastrointestinal events and no cardiovascular with moderate to severe pain, the records revealed this injured worker's use of this drug predates 03/2014. He is less than 65, and the medical records not indicate he is at risk of gastrointestinal complication with the first line NSAIDS. The request is not medically necessary.

Vicodin 5/550, #100 with 2 refills, QTY: 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

Decision rationale: The injured worker sustained a work related injury on 12/07/97. The medical records provided indicate the diagnosis degenerative arthritis left knee s/p TKA, Pain left knee. Treatments have included knee injections, Vicodin, and Celebrex. The medical records provided for review do not indicate a medical necessity for Vicodin 5/550, #100 with 2 refills, QTY: 300. The MTUS does not recommend using the opioids for more than 16 weeks or 70

days. Not only has the injured worker been using this drug since 2012, there has been no documented improvement in pain and functioning. The MTUS recommends continuing the medication if the patient has returned to work, If the patient has improved functioning and pain. Therefore, the requested treatment is not medically necessary.