

Case Number:	CM14-0171884		
Date Assigned:	10/23/2014	Date of Injury:	01/04/2010
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 56 year old female who was injured at work on 01/04/2010. The injured worker is reported to be complaining of 4/10 pain in both knees. The pain worsens with standing, walking and activities; but improves with heat. The physical examination revealed a well healed incisional scar in the right knee, medial and lateral joint line tenderness, and effusion in the right knee. The worker has been diagnosed of right knee grade IV Chondromalacia and early arthritis patellofemoral compartment; right knee patellofemoral instability; status post reconstruction; Left knee medial compartment osteoarthritis. Treatments have included platelet rich injection, right knee arthroscopy, Celebrex. At dispute are the requests for Celebrex 200mg #60, and Diclofenac/Lidocaine cream (3%/5%) 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 01/04/2010. The medical records provided indicate the diagnosis of right knee grade IV Chondromalacia and early arthritis patellofemoral compartment; right knee patellofemoral instability; status post reconstruction; Left knee medial compartment osteoarthritis. Treatments have included platelet rich injection, right knee arthroscopy, Celebrex. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg #60. Although the MTUS recommends the use of the lowest dose of the Non-steroidal anti-inflammatory drugs for the shortest period in patients with moderate to severe pain; the MTUS does not recommend the use of the nonselective NSAIDS or COX- 2 inhibitors, like Celebrex, for every individual. The COX-2 inhibitors are recommended for those with risk of gastrointestinal side effects. The medical records revealed the injured worker have been on this medication since 03/2014; the records also do not indicate the injured worker has gastrointestinal risk against the use of the nonselective non-steroidal anti-inflammatory drugs. Therefore, the requested treatment is not medically necessary.

Diclofenac/Lidocaine cream (3%/5%) 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 01/04/2010. The medical records provided indicate the diagnosis of right knee grade IV Chondromalacia and early arthritis patellofemoral compartment; right knee patellofemoral instability; status post reconstruction; Left knee medial compartment osteoarthritis. Treatments have included platelet rich injection, right knee arthroscopy, Celebrex. The medical records provided for review do not indicate a medical necessity for Diclofenac/Lidocaine cream (3%/5%) 180g. The MTUS does not recommend the use of topical analgesics except when there is a documented failed trial with antidepressants or anticonvulsants. Also, the MTUS recommends against the use of any formulation of lidocaine besides Lidoderm). Since there is no indication that the first line drugs have been tried and failed; and since the requested treatment contains a formulation of Lidocaine not recommended by the MTUS, the requested treatment is not medically necessary. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. This request is not medically necessary.