

Case Number:	CM14-0042870		
Date Assigned:	06/30/2014	Date of Injury:	02/18/2009
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 59-year-old female with a 2/18/09 date of injury. The patient was on the stage interpreting for an assembly. When it was over she went to step down off the steps and she fell to the floor landing on both knees. She developed pain in her back, both knees, and right hand. According to a 12/16/13 progress report, the patient stated that the worst pain is in her left knee. She also had pain in the lower back, which is more on the right side and she gets pain in her right knee as well. Pain interferes with her daily activities and it also interferes with her sleep. Objective findings: paravertebral muscle spasm and tenderness in the lower lumbar region, paravertebral tenderness mainly on the left side. Diagnostic impression: lumbar facet arthropathy, status post right total knee arthroplasty, chronic left knee pain possibly due to advanced osteoarthritis. Treatment to date: medication management, activity modification, cortisone injections. A UR decision dated 3/25/14 modified the request for Celebrex to 30 tablets and Norco for 50 tablets because the quantities were not specified in the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg per 02/27/14 report QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, and appropriate medication use. A UR decision dated 3/25/14 modified the request for Norco for 50 tablets because the quantity was not specified in the requests. It is unclear why the physician is making this request at this time when the medication has already been certified. Therefore, the request for Norco 10/325mg per 02/27/14 quantity 1.00 was not medically necessary.

Celebrex 200mg per 02/27/14 report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti-inflammatory Drugs (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) (JAMA September 13, 2000, Vol 284, No. 10).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. It is documented in the reports reviewed that the patient has left knee osteoarthritis. A UR decision dated 3/25/14 modified the request for Celebrex to 30 tablets because the quantity was not specified in the requests. It is unclear why the physician is making this request at this time when the medication has already been certified. Furthermore, the quantity requested was not indicated in this request. The medical necessity for Celebrex has not been met.