MAXIMUS Federal Services

Case Number:	CM14-0047267		
Date Assigned:	07/02/2014	Date of Injury:	07/31/2001
Decision Date:	08/20/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 56 year old male with a date of injury on 7/31/2001. Diagnoses are of lumbar degenerative joint disease, facet arthrosis, status bilateral knee arthroscopic surgery, carpal tunnel syndrome, and wrist arthritis. Subjective complaints are of constant low back pain with right greater than left radicular symptoms and bilateral knee pain. Physical exam shows that patient utilizes a cane, has decreased low back range of motion, and intact leg strength, sensation, and reflexes. There is swelling in both knees, and full range of motion with crepitus. Patient also had positive straight leg raise, Phalen's, Tinel's, and Finkelstein's maneuvers. Treatments have included surgery, physical therapy, cane and brace, TENS, and medications. Current medications include Norco 1-2 per day, Butrans patch, Lyrica, Flexeril, and Celebrex. It was noted that the patient had recently resumed Celebrex for flare of knee pain. Office records also indicate the patient reports at least 50% functional improvement with provided medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non steroidal anti-inflammatory)NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for symptomatic relief for pain for osteoarthritis of the knee and hip. For this patient, moderate pain is present in the knee that is helped by the Celebrex on an as needed basis. Therefore, the requested Celebrex is medically necessary.

Norco 10/325 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.