

Case Number:	CM14-0086306		
Date Assigned:	07/23/2014	Date of Injury:	01/28/2005
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral knee and low back pain reportedly associated with an industrial injury of January 28, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier left knee surgery; and knee corticosteroid injection therapy. In a Utilization Review Report dated May 16, 2014, the claims administrator partially certified a request for Celebrex, denied request for topical Pennsaid, partially certified request for Protonix, and denied request for Cidaflex (glucosamine). The claims administrator stated that using topical Pennsaid and oral Celebrex unnecessary and stated that there have been no benefits with glucosamine. The claims administrator also invoked a number or non-MTUS Chapter 6 ACOEM Guidelines in its report and seemingly mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. On January 9, 2014, the attending provider issued the applicant with a prescription for Protonix for upset stomach, using an order form which employed preprinted checkboxes. In an office visit of the same day, January 9, 2014, the applicant presented with bilateral shoulder pain, low back pain, neck pain, shoulder pain, wrist pain, knee pain, depression, sleep disturbance, gastritis, and intermittent constipation secondary to opioid usage. The applicant exhibited an antalgic gait. The applicant attributed his gastritis to pain medication usage. The applicant was described as "permanently totally disabled" for any gainful employment. The applicant stated that an earlier corticosteroid injection was unsuccessful. Celebrex was endorsed. The applicant was asked to remain off of Nucynta since it does not help. Topical Pennsaid lotion was prescribed. The applicant was asked to continue Protonix and

glucosamine-chondroitin for knee arthritis/knee pain. In each case, it was readily evident whether or not these medications were repeat request or first-time request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Opioid Hyperalgesia Page(s): 80, 81, 82, 83, 95,. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 22, Anti-inflammatory Medications topic.2. MTUS page 7.3. MTUS 9792.20f Page(s): 22 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledged that COX-2 inhibitors such as Celebrex can be employed in applicants who have a history of GI complications, as is the case here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant has been deemed permanently totally disabled. While the attending provider's sole provided progress note did not make it readily evident whether or not the request for Celebrex was in fact a renewal request or a first-time request, given the chronicity of the applicant's issues and date of injury, it does appear more likely that the request for Celebrex did represent a renewal request for the same. The attending provider made no mention of medication efficacy. The attending provider did not state how (or if) Celebrex have been effectual here. The applicant's remaining off of work, on total permanent disability, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Celebrex. Therefore, the Celebrex 100mg twice per day is not medically necessary.

Pennsaid lotion 1.5% 10gtts each side of knee, QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioid hyperalgesia Page(s): 80, 81,82, 83, 95. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 112, Topical Diclofenac/Voltaren section.2. MTUS page 7.3. MTUS 9792.20f Page(s): 112, 7.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of topical diclofenac/Voltaren in the treatment of small joint arthritis

which lend itself toward topical application, such as the knees, the body part implicated here, the recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, there was no mention of whether or not prior usage of topical Pennsaid (diclofenac/Voltaren) has been beneficial here. It was not stated how (or if) Pennsaid had been used in the past. The fact that the applicant remained off of work, on permanent total disability, suggested a lack of functional improvement as defined in MTUS 9792.20f despite presumed prior usage of Pennsaid. Therefore, the request was not medically necessary.

Pantoprazole DR 20mg 1-2 tabs QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine topic. Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option, given its low risk, in applicants with moderate arthritis pain, such as knee arthritis. In this case, knee arthritis is the primary operating diagnosis. As with the other medications, there has, however, been no clear mention or discussion of efficacy insofar as Cidaflex (glucosamine) is concerned; however, page 50 of the MTUS Chronic Pain Medical Treatment Guidelines nevertheless suggests continuing the same, given its low risk. Therefore, the request is not medically necessary.

Cidaflex 1 tab TID: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Treatment Guidelines (http://www.odg-twc.com/odgtwc/Low_Back.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 50, Glucosamine topic. Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option, given its low risk, in applicants with moderate arthritis pain, such as knee arthritis. In this case, knee arthritis is the primary operating diagnosis. As with the other medications, there has, however, been no clear mention or discussion of efficacy insofar as Cidaflex (glucosamine) is concerned; however, page 50 of the MTUS Chronic Pain Medical Treatment Guidelines nevertheless suggests continuing the same, given its low risk. Therefore, the request is medically necessary.