

Case Number:	CM14-0181267		
Date Assigned:	11/05/2014	Date of Injury:	05/07/2001
Decision Date:	01/02/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation 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 patient is a 72 year old male with date of injury 05/07/01. The treating physician report dated 10/02/14 indicates that the patient presents with chronic pain affecting the bilateral knee. The physical examination findings reveal tenderness in the medial joint line and patellofemoral joint of the left knee, left knee patellofemoral exam has normal findings. Patient is 12 years status post total knee replacement right and left. Current medications include Simvastatin, Coumadin, Nystatin-triamcinolone, Furosemide, Atenolol, Temazepam, Doxazosin, Atorvastatin, Topiramate, Warfarin, Hydromorphone, Hydrocodone and Tramadol. Prior treatment history includes total knee replacement left and right and prescribed medications. No other records of other prior treatments were included with documents provided. X-ray findings reveal the polymeric to be still maintained, slight mild effusion in the suprapatellar region and no signs of loosening. The current diagnosis is: 1. Chronic pain in Joint, Lower Leg The utilization review report dated denied the request for left knee cortisone injection with ultrasound guidance and Celebrex 200mg #30 with 1 refill based on the patient not having documentation of the criteria required for osteoarthritis as indicated in the ODG as well as the issue that the injection is, in fact, contingent on the patient's response to anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee cortisone injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injection

Decision rationale: The patient presents with chronic pain affecting the bilateral knee 13 years post injury and 12 years post right and left total knee arthroplasty. The current request is for left knee cortisone injection with ultrasound guidance. According to the ODG, cortisone injections to the knee are "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three." The UR report notes that on 10/17/14 the treating physician was contacted and indicated that the "request for the injection was contingent on the patients response to NSAIDS, but that he was requesting all modalities at once in an effort to expedite services." Criteria for Intraarticular glucocorticosteroid injections according to the ODG require the patient to meet at least 5 of the following: Bony enlargement, bony tenderness, crepitus on active motion, ESR less than 40mm/hr, less than 30 min of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer, synovial fluid signs. In this case there is no documentation provided that shows that the patient meets at least five of these requirements. There is also no discussion of the success, or attempt of other first line treatments. Recommendation is for denial.

Celebrex 200mg #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

Decision rationale: The patient presents with chronic pain affecting the bilateral knee 13 years post injury and 12 years post right and left total knee arthroplasty. The current request is for Celebrex 200mg #30 with 1 refill. The most recent treating physician report dated 10/2/14 states that the patient cannot take NSAIDs because he is on Coumadin. MTUS states, "Specific recommendations: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." "Celecoxib (Celebrex) is the only available COX-2 in the United States. No generic is available. Mechanism of Action: Inhibits prostaglandin synthesis by decreasing cyclooxygenase-2 (COX-2). At therapeutic concentrations, cyclooxygenase-1 (COX-1) is not inhibited. In animal models it works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. Use: Relief of the signs and symptoms of osteoarthritis,

rheumatoid arthritis, [and] ankylosingspondylitis." In this case, the treating physician has stated in the most recent report dated 10/2/14 that the patient is not to take NSAIDs due to the patient currently taking Coumadin. Although Celebrex is an NSAID, it does not interfere with the anti-coagulation effect of Coumadin and has the least GI side effects compared with nonselective NSAIDS. The contraindication for Celebrex with Coumadin is not absolute. Recommendation is for authorization.