

Case Number:	CM14-0198868		
Date Assigned:	12/09/2014	Date of Injury:	04/19/2011
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Interventional spine 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 40-year old male with an injury date on 04/19/2011. Based on the 10/07/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post open reduction, internal fibration of right tibial plateau fracture 2. Grade 1 lateral collateral ligament sprain, right knee 3. Chondromalacia patella According to this report, the patient complains of "instability episodes and occasional pain of the right knee. The patient is currently working. He takes the Celebrex daily, the Ultracet as needed, and the Baclofen as needed. Physical exam reveals slight tenderness along the patella facets and lateral joint line. Subpatella crepitation and pain are noted with range of motion. The 07/29/2014 report indicates the patient "is working with much less pain" and "noted significant improvement with therapy." The 07/18/2014 report indicates patient's pain is at a 6-7/10 and still have "limitation with his daily activities like lifting, bending." The patient states "he's working full time regular duties. The patient has been treated conservatively with physical therapy. The treatment plan is physical therapy, core strengthening and gait training, develop a home exercise program with therapist and refill prescriptions. There were no other significant findings noted on this report. The utilization review denied the request for (1) Baclofen #30 with 2 refills, (2) Celebrex #30 with 2 refills, and (3) Ultracet 1 Tablet QD #30 on 11/10/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/18/2014 to 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg 1 Tablet QD #30 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 63-64.

Decision rationale: According to the 10/07/2014 report, this patient presents with "instability episodes and occasional pain" of the right knee. The current request is for Baclofen 10mg 1 Tablet QD #30 Refills 2. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Baclofen #30 with 2 refills and this medication was first noted in the 07/29/2014 report. Baclofen is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

Celebrex 200mg 1 Tablet QD #30 Refills 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, Non-steroidal anti-inflammatory dru.

Decision rationale: According to the 10/07/2014 report, this patient presents with instability episodes and occasional pain of the right knee. The current request is for Celebrex 200mg 1 Tablet QD #30 Refills 2. The MTUS Guidelines page 22 reveal the following regarding NSAID's, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Review of the reports show the patient has been prescribed Celebrex since 07/29/2014 and it is unknown exactly when the patient initially started taking this medication. The treating physician indicates that the patient takes Celebrex daily. In reviewing the provided reports, the treating physician states the patient is working with much less pain and noted significant improvement with therapy. The 07/18/2014 report indicates patient's pain is at a 6-7/10 and still have limitation with his daily activities like lifting, bending. In this case, the treating physician has documented that the patient's current medication usage is allowing the patient to work full time and Celebrex helps control pain levels. The current request is medically necessary.

Ultracet 1 Tablet QD #30 Refills 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, Criteria for Use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/07/2014 report, this patient presents with "instability episodes and occasional pain" of the right knee. The current request is for Ultracet 1 Tablet QD #30 Refills 0. This medication was first mentioned in the 07/21/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the treating physician states the patient "is working with much less pain" and "noted significant improvement with therapy. The 07/18/2014 report indicates patient's pain is at a 6-7/10 and still have "limitation with his daily activities like lifting, bending." In this case the treating physician has documented that the patient has pain reduction and take medications as "needed" with functional work status; "working full time regular duties." There is no documentation of any adverse effects of medications. The current request meets the opioid criteria for continuation per the MTUS guidelines. The current request is medically necessary.