

<b>Case Number:</b>	CM15-0003346		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 43 year old male who sustained a work related injury August 23, 2011. Past history includes a right total knee replacement February 21, 2014. On December 1, 2014, the injured worker presented for follow-up consultation s/p right total knee replacement, with complaints of right knee pain 8/10 and low back pain. Current medications are documented as Lyrica, Celebrex, Tramadol, and hydrocodone. Physical examination reveals no signs of infection, right knee. The incision is well healed; range of motion 0-100 degrees, favors left lower extremity with ambulation and gait is slightly antalgic. Diagnosis is documented as s/p right total knee arthroplasty, no prosthetic failure/intact hardware. Treatment included; discussion of treatment thus far, additional physical therapy right knee (noted received 24 post-op sessions as of 9/15/2014), continue TENS, observe compensatory low back pain component and prescribed medications. Work status is documented as permanent and stationary. According to utilization review performed December 22, 2014, the request for Celebrex three times a day is non-certified. The request for Hydrocodone 10mg four times a day is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 11/10/14: Hydrocodone 10mg, 4x a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Opioids for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with right knee pain rated at 7/10 with compensatory low back pain. The request is for RETROSEPECTIVE DOS: 11/10/14: HYDROCODONE 10MG, 4X A DAY. The request for authorization is dated 12/08/14. The patient is status-post right total knee arthroplasty 02/21/14. Patient favors left lower extremity with ambulation. Patient continues with physical therapy of the right knee and a TENS unit. Patient's medications include Hydrocodone, Lyrica, Celebrex, Tramadol and Colace. Radiographs of the right knee 09/03/14 shows satisfactory alignment between the femoral and tibial components of the total right knee arthroplasty and small amount of joint fluid. Patient's work status is permanent and stationary. 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 4As -analgesia, ADLs, adverse side effects, and adverse 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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater has not provided reason for the request. The patient has been prescribed Hydrocodone since at least 04/04/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Hydrocodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Hydrocodone. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Retrospective DOS: 11/10/14: Celebrex, 3x a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Anti-inflammatory medications; Celebrex

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60-61.

**Decision rationale:** The patient presents with right knee pain rated at 7/10 with compensatory low back pain. The request is for RETROSPECTIVE DOS: 11/10/14: CELEBREX, 3X A DAY. The request for authorization is dated 12/08/14. The patient is status-post right total knee arthroplasty 02/21/14. Patient favors left lower extremity with ambulation. Patient continues with physical therapy of the right knee and a TENS unit. Patient's medications include Hydrocodone, Lyrica, Celebrex, Tramadol and Colace. Radiographs of the right knee 09/03/14

shows satisfactory alignment between the femoral and tibial components of the total right knee arthroplasty and small amount of joint fluid. Patient's work status is permanent and stationary. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. The patient has been prescribed Celebrex since at least 09/05/14. NSAID's are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. The treater does not discuss how this medication is used and with what efficacy. Treater has not discussed GI complications, nor documented that the patient was previously prescribed other oral NSAIDs. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.