

<b>Case Number:</b>	CM15-0147909		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/31/2002
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 (n) 59-year-old female, who sustained an industrial injury on 5-31-02. She reported injury to her right knee. The injured worker was diagnosed as having severe arthritis of the right knee and hypoplastic lateral femoral condyles bilaterally. Treatment to date has included Motrin, Tylenol, Tylenol #3, Norco, and Flexeril since at least 3-10-15. On 5-11-15 the injured worker rated her pain a 7 out of 10. The symptoms are constant and described as swelling, stiffness, weakness, tenderness, numbness and giving way. Prolonged standing, walking, bending, lifting and climbing stairs, aggravates them. Symptoms improve with heat, elevation, no activity and medications. As of the PR2 dated 6-23-15, the injured worker reports moderate right knee pain that radiates to the right ankle. Objective findings include a varus deformity in both knees, right knee flexion is 95 degrees and crepitation is present. The treating physician requested Hydrocodone-APAP 5-325mg #120, Cyclobenzaprine 10mg #90 x 1 refill and Celecoxib 200mg #30 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP tab 5-325mg day supply:30 QTY: 120 no refills RX date 6/29/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 5/325 mg, #120, 30-day supply, no refills, date of service June 29, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are severe arthritis right knee involving medial joint and patellofemoral joint; hypoplastic lateral femoral condyle bilateral; and status post opiate agreement November 5, 2014. The date of injury is May 31, 2002. Request for authorization is June 29, 2015. According to a March 10, 2015 progress note, the injured worker was taking Norco 5/325mg, Celebrex 200 mg and Flexeril. According to a June 23, 2015 progress note, the current medication list includes Motrin, Flexeril, Norco 5/325 mg, Tylenol and Tylenol with codeine. The documentation does not provide a rationale for the change from Celebrex to Motrin. Additionally, the treatment plan does not contain a clinical entry with Motrin, but indicates Celebrex was prescribed. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement, detailed pain assessments and risk assessments and attempted weaning, hydrocodone/APAP 5/325 mg, #120, 30 day supply, no refills, date of service June 29, 2015 is not medically necessary.

**Cyclobenzaprine 10mg Day supply: 30, QTY: 90 with 1 refill RX date 6/29/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine (Flexeril) 10mg, 30-day supply, #90 with one refill, date service June 29, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment

of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are severe arthritis right knee involving medial joint and patellofemoral joint; hypoplastic lateral femoral condyle bilateral; and status post opiate agreement November 5, 2014. The date of injury is May 31, 2002. Request for authorization is June 29, 2015. According to a March 10, 2015 progress note, the injured worker was taking Norco 5/325mg, Celebrex 200 mg and Flexeril. According to a June 23, 2015 progress note, the current medication list includes Motrin, Flexeril, Norco 5/325mg, Tylenol and Tylenol with codeine. The documentation does not provide a rationale for the change from Celebrex to Motrin. Additionally, the treatment plan does not contain a clinical entry with Motrin, but indicates Celebrex was prescribed. Flexeril is recommended for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of an acute exacerbation in patients with chronic low back pain. There is no documentation of acute or chronic back pain. Additionally, Flexeril was prescribed in excess of three months (at a minimum) in excess of the recommended guidelines for short-term use. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and treatment continued in excess of the recommended guidelines with no documentation of back pain, Cyclobenzaprine 10mg, 30 day supply, #90 with one refill, date service June 29, 2015 is not medically necessary.

**Celecoxib cap 200mg Day supply: 30 QTY: 30 with 1 refill RX date 6/29/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, (Celebrex) and Celecoxib 200 mg #30, 30-day supply with one refill date of service June 29, 2015 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX 2 non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are severe arthritis right knee involving medial joint and patellofemoral joint; hypoplastic lateral femoral condyle bilateral; and status post opiate agreement November 5, 2014. The date of injury is May 31, 2002. Request for authorization is June 29, 2015. According to a March 10, 2015 progress note, the injured worker was taking Norco 5/325mg, Celebrex 200 mg and Flexeril. According to a June 23, 2015 progress note, the current medication list includes Motrin, Flexeril, Norco 5/325mg, Tylenol and Tylenol with codeine. The documentation does not provide a rationale for the change from Celebrex to Motrin. Additionally, the treatment plan does not contain a clinical entry with Motrin, but indicates Celebrex was prescribed. The documentation is conflicting regarding the treating providers Motrin and Celebrex prescriptions. In either case, non-steroidal

anti-inflammatory drugs are recommended at the lowest dose for the shortest period. There is no documentation of attempted weaning and, as noted above, the documentation is unclear as to whether the injured worker is taking Motrin, Celebrex or both. The documentation does not demonstrate objective functional improvement to support ongoing non-steroidal anti-inflammatory drug use. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and conflicting documentation regarding Motrin and Celebrex, (Celebrex) and Celecoxib 200 mg #30, 30 day supply with one refill date of service June 29, 2015 is not medically necessary.