

Case Number:	CM15-0168724		
Date Assigned:	09/09/2015	Date of Injury:	12/18/2006
Decision Date:	10/26/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 55 year old male, who sustained an industrial injury on 12-18-2006. The injured worker was diagnosed as having osteoarthritis of lower extremity. On medical records dated 07-24-2015 and 05-27-2015, the subjective findings noted as the injured worker continuing to maintain improvement from Synvisc-One injection on 03-20-2015. He was noted to have been more active at work. Increased swelling in knee was noted. Pain was rated at 7 out of 10, and pain was aggravated with standing and mostly relieved with sitting. Physical findings were noted as a small palpable effusion in the right knee, tenderness to palpation medially, crepitus was noted and range of motion was noted as 120 degrees on flexion and lacks 20 degrees of extension. The injured worker was working full time as a plumber. Treatments to date included Synvisc-one injection, laboratory studies, medication and ice. Current medication included Celebrex 200 mg, Oxycodone IR 30mg, Oxycodone IR 15mg, Cymbalta 30mg and Voltaren Gel. The injured worker has been on Celebrex, Oxycodone, and Cymbalta since at least 11-2014. The Utilization Review (UR) dated 08-03-2015, was noted to have a Request for Authorization dated 07-27-2015. The UR submitted for this medical review indicated that the request for Oxycodone IR 15mg #300 was modified, Oxycodone IR 30mg #60 was modified, Celebrex 200mg #200 was non-certified and Cymbalta 20mg #30 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg #300: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued: (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient is currently working. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic; however, I am reversing the previous utilization review decision. Oxycodone IR 15mg #300 is medically necessary.

Oxycodone IR 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued: (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient is currently working. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic; however, I am reversing the previous utilization review decision. Oxycodone IR 30mg #60 is medically necessary.

Celebrex 200mg #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS guidelines recommend NSAIDs be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. The patient does carry a diagnosis of osteoarthritis. I am reversing the previous utilization review decision. Celebrex 200mg #200 is medically necessary.

Cymbalta 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The MTUS necessitates documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. The medical record fails to document depression secondary to chronic pain. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Cymbalta 20mg #30 is not medically necessary.