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| Case Number: | CM15-0183605 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 08/07/2000 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: Texas, New York, 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:

The applicant is a represented 66-year-old who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of August 7, 2000. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Celebrex, Osteo Bi-Flex, and Norco. The claims administrator referenced a prescription form of July 7, 2015 and a progress note of April 9, 2014 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 15, 2015, Norco was endorsed. On an August 10, 2015 office visit, the claimant reported ongoing issues with bilateral knee arthritis, unchanged. The attending provider contended that Norco and Celebrex were still beneficial in ameliorating the applicant's pain complaints but did not elaborate further. X-rays of February 2014 did demonstrate chondrocalcinosis, the treating provider contended. The applicant had retired and no longer working, it was acknowledged. The applicant was asked to continue Celebrex, Norco, and Osteo Bi-Flex. The attending provider stated that the applicant's medications were beneficial but did not, however, elaborate further, and also pointed out that Norco was no longer as potent as in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib cap 200mg #30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction.

Decision rationale: No, the request for celecoxib (Celebrex), a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at heightened risk of developing GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of “efficacy of medication” into his choice of recommendations. Here, while the August 10, 2015 office visit at issue did state that the applicant's medications were beneficial, this was neither elaborated nor expounded upon. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Norco, it was acknowledged. The attending provider failed to outline meaningful, material, and/or substantive improvements in function achieved as a result of ongoing Celebrex usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Osteo Bi-flex tab advanced #60 with two refills: 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): Glucosamine (and Chondroitin Sulfate).

Decision rationale: Conversely, the request for Osteo Bi-Flex (glucosamine) was medically necessary, medically appropriate, or indicated here. As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of pain associated with arthritis and, in particular, that associated with knee arthritis, given its low risk. Here, the claimant was described as having ongoing issues with knee osteoarthritis. Usage of glucosamine was indicated to ameliorate the same, given its low risk and non-prescription nature. Therefore, the request was medically necessary.

Hydrocodone/APAP tab 10-325mg #60: 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): Opioids, criteria for use.

Decision rationale: Finally, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was no longer working, it was reported on August 10, 2015. While it was not clear whether this was a function of the applicant's chronic pain issues or a function of age-related retirement, the attending provider nevertheless failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.