

Case Number:	CM15-0185054		
Date Assigned:	09/25/2015	Date of Injury:	09/28/1986
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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 48-year-old male who sustained an industrial injury 09-28-86. A review of the medical records reveals the injured worker is undergoing treatment for right knee osteoarthritis, history of joint replacement and revision joint replacement with severe arthrofibrosis, weakness and pain. The pain is not rated. Medical records (08-14-15) reveal the injured worker complains of difficulty with gaining full range of motion as well as persistent pain. He also reports increased pain to the low back as a result of abnormal gait from the right knee. The physical exam (08-14-15) reveals diminished range of motion of the lumbar spine and right knee. There is significant pain with motion and generalized tenderness and weakness present. Crepitus is noted with motion. Prior treatment includes right total knee replacement with revision, medications, therapy. The original utilization review (08-27-15) non-certified the request for Percocet 10/325 #60 and Celebrex 200 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 09/28/86 and presents with right knee and low back pain. The request is for Percocet 10/325 mg #60 for severe pain. The RFA is dated and the patient is on temporary total disability. The patient has been taking this medication as early as 02/05/15. Treatment reports are provided from 02/05/15 to 08/14/15. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." On 02/19/15, the patient rated his pain as a 3/10 and on 03/20/15; he rated his pain as a 5-6/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, long-term use of opiates for low back pain is not recommended. The requested Percocet is not medically necessary.

Celebrex 200mg #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): Anti-inflammatory medications.

Decision rationale: The patient was injured on 09/28/86 and presents with right knee and low back pain. The request is for Celebrex 200 mg #60 for inflammation and pain. The RFA is dated and the patient is on temporary total disability. The patient has been taking this medication as early as 06/08/15. MTUS Guidelines, Anti-inflammatory Medications section, page 22 states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, and long-term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "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 10-1 difference in cost." The patient has spasm/tenderness along the lumbar spine, a positive Lasegue's test on the left, a limited range of motion for the lumbar spine, pain with motion of the right knee, tenderness/weakness of the right knee, crepitus with motion of the right knee, and a reduced range of motion for the right knee. He is diagnosed with right knee osteoarthritis, history of joint replacement and revision joint replacement with severe arthrofibrosis, weakness and pain. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides no discussion regarding how Celebrex has specifically impacted the patient's pain and function. Therefore, the requested Celebrex is not medically necessary.