

Case Number:	CM15-0189348		
Date Assigned:	10/01/2015	Date of Injury:	03/01/2005
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 65 year old female, who sustained an industrial injury on 3-1-05. The injured worker was diagnosed as having cervical, thoracic and lumbar sprain, bilateral shoulder sprain, left knee sprain, status post right knee arthroscopy, bilateral wrist sprain, bilateral elbow sprain and bilateral ankle and feet sprain. The physical exam on 3-17-15 revealed 7-8 out of 10 pain in the right knee, right knee flexion was 120 degrees and extension was -5 degrees. Treatment to date has included a right knee brace. Current medications include Celebrex and Norco (since at least 3-17-15). As of the PR2 dated 4-14-15, the injured worker reported 10 out of 10 pain in her right knee and decreased muscle mass and strength. Objective findings include right knee flexion is 115 degrees; extension is -5 degrees and tenderness to palpation at the medial peripatellar and lateral peripatellar on the right. The treating physician requested Celebrex 200mg and Norco 10-325mg #120. The Utilization Review dated 8-28-15, non-certified the request for Celebrex 200mg and Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Guidelines recommend NSAIDs for treatment of osteoarthritis at the lowest effective dose for the shortest period of time. Celebrex may be indicated in case of failure or contraindication of NSAIDs. In this case, there is a lack of evidence of failure or contraindication of NSAIDs. The request for Celebrex 200 mg is not medically appropriate and necessary.

Norco 10/325mg #120: 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 (Classification).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.