

Case Number:	CM15-0192290		
Date Assigned:	10/06/2015	Date of Injury:	01/15/2014
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on 01-15-2014. She has reported injury to the right knee. The diagnoses have included status post right knee chondroplasty lateral retinacular release and lateral medial meniscectomy, on 08-21-2014, persistent severe right knee pain; compensatory overuse of left knee pain; and left hip and groin pain. Treatment to date has included medications, diagnostics, bracing, injections, acupuncture, physical therapy, and surgical intervention. Medications have included Naproxen, Norco, and Celebrex. A progress report from the treating physician, dated 08-25-2015, documented an evaluation with the injured worker. The injured worker reported right knee pain; she complains of fairly severe pain on a daily basis; the pain is reduced with the Norco and the Celebrex; it drops the pain levels down to about a 5 out of 10 in intensity and allows her to stay functional; she wants to remain functional; and she does not want to repeat Synvisc injections because she says that they had not helped in the past. Objective findings included she is wearing a knee brace on her right knee; it is a fabric brace and it is not offering much support; she has limited range of motion in flexion of the knees; she is unable to fully extend the knee; and the MRI of the right knee, dated 06-16-2015, shows tendinosis, degenerative changes, and mild chondromalacia. The treatment plan has included the request for retrospective Norco 10-325mg, three times a day, quantity: 90; and retrospective Celebrex 200, daily, quantity: 30. The original utilization review, dated 09-25-2015, non-certified the request for retrospective Norco 10-325mg, three times a day, quantity: 90; and retrospective Celebrex 200, daily, quantity: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg, tid, qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated urine toxicology compliance or increase in activity from the exam note of 8/25/15. Therefore, according to the guidelines the request is not medically necessary.

Retrospective Celebrex 200, qd, qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. 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. In this case, the exam notes do not document of previous history of gastrointestinal complications to justify Celebrex over first line NSAID's. Therefore, according to the guidelines the request is not medically necessary.