

Case Number:	CM15-0194913		
Date Assigned:	10/08/2015	Date of Injury:	12/08/2001
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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
 Certification(s)/Specialty: Anesthesiology

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 67 year old male, who sustained an industrial injury on 12-8-2001. The injured worker is undergoing treatment for: cervical, thoracic, and lumbar spine and bilateral shoulders, left elbow and bilateral knees. On 6-3-15, he reported his pain level as 2 out of 10 with "his most significant pain being located over the right knee." Physical examination revealed negative anterior and posterior drawer tests and no increase in laxity with valgus and varus stress applied. On 9-2-15, is noted to have been last seen on 6-3-15. On 9-2-15, he reported his pain level as 3-4 out of 10 which was attributed to his medications. Physical findings revealed documented mild discomfort at the end of right knee range of motion, tenderness over the knee, positive McMurray's test, full strength, positive Thessaly's test, and varus and valgus stress indicated no increased laxity. There is not documented examination of the neck, thoracic and lumbar spine, or bilateral shoulders, left elbow or left knee. There is notation of the injured working having utilized non-steroidal anti-inflammatory drugs (NSAIDs) for more than 15 years resulting in chronic gastritis. There is no discussion of assessment of the gastrointestinal system. The treatment and diagnostic testing to date has included: blood work including creatine kinase on 6-3-15 was shown to be elevated; stretching program, right knee x-rays (3-31-15) reported as revealing "no fractures, dislocation or evidence of effusion or degenerative changes were visualized. The joint spaces were normal"; acupuncture (at least 3 sessions) with documentation indicating no significant improvement from this treatment. Medications have included: Celebrex (utilized since at least March 2015, possibly longer). Current work status: documented as retired. The request for authorization is for: diagnostic test:

creatine kinase; Celebrex 200mg, Omeprazole 20mg; magnetic resonance imaging of the right knee. The UR dated 9-23-2015: non-certified the requests for diagnostic test: creatine kinase; Celebrex 200mg, Omeprazole 20mg; magnetic resonance imaging of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Test: Creatine Kinase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Creatine kinase (CK), also known as creatine phosphokinase (CPK), is an enzyme expressed by various tissues and cell types. CK is assayed in blood tests as a marker of damage of CK-rich tissue such as in myocardial infarction, rhabdomyolysis, myositis, and in acute renal failure. There are no subjective or objective findings to support the requested laboratory studies. Medical necessity for the requested test has not been established. The requested laboratory study is not medically necessary.

Celebrex 200mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. 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. In this case, there is no documentation of pain relief effectiveness or functional improvement from the use of other NSAIDs. In addition, this patient does not have any GI symptoms or risk factors. The medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Omeprazole 20mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. In this case, NSAIDs were not found to be medically necessary. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

MRI right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI.

Decision rationale: According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there are no significant physical exam findings consistent with instability or internal ligament derangement. In addition, there was reported normal range of motion, and no evidence of effusion. Medical necessity for the requested MRI of the right knee has not been established. The requested study is not medically necessary.