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| Case Number: | CM15-0028183 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 07/16/2013 |
| Decision Date: | 04/29/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 42-year-old male, who sustained an industrial injury on 7/16/2013. He has reported a slip and fall, subsequently resulting in a laceration along the shin and knee pain. The diagnoses have included chronic right knee pain and right knee chondromalacia patella. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, steroid injection to the knee, Euflexxa injections. Currently, the IW reported improvement in pain and decreased need for oral medication due to three times a day use of H-Wave from 11/24/14 to 12/18/14. On 1/5/15, the provider documented no objective findings. The plan of care included purchase of a home H-Wave devise and system for continued use twice daily. Physical examination from 12/31/014 documented medial joint line pain and positive bounce test and Apley's compression test. A third Euflexxa injection under ultrasound guidance was administered on that date. On 1/14/2015, Utilization Review non-certified Celebrex 200mg one twice daily #80, Tramadol 50mg one tablet every six hours, and H-Wave, noting the documentation did not support medical necessity per the MTUS Guidelines. On 2/17/2015, the injured worker submitted an application for IMR for review of Celebrex 200mg one twice daily #80, Tramadol 50mg one tablet every six hours, and H-Wave purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications. COX-2 inhibitors (e.g., Celebrex) page 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Celebrex. MTUS guidelines state the following: may be considered if the patient has a risk of GI complications, but not for the majority of patients. The clinical documents state the GI review of systems for 12/19/2014 was negative, and is currently taking Ibuprofen. According to the clinical documentation provided and current MTUS guidelines, Celebrex is not indicated as a medical necessity to the patient at this time.

Tramadol 50mg 1 tab q6hr #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Tramadol is not indicated a medical necessity to the patient at this time.

H-Wave purchase: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for H-Wave purchase. MTUS guidelines state the following: H Wave is not recommended as an isolated intervention, but a one-month trial may be considered for an option for diabetic neuropathic pain, or chronic soft tissue inflammation, if used as an adjunct to a program and if the following modalities have failed, including physical therapy, conservative care, medications and a TENS unit. The clinical documents state that the patient has used the H-wave previously and that it did help. The patient has met the above criteria for use of an H-wave machine. According to the clinical documentation provided and current MTUS guidelines, H-Wave is indicated as a medical necessity to the patient at this time.