

Case Number:	CM15-0030513		
Date Assigned:	02/24/2015	Date of Injury:	06/02/2001
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 68 year old male who sustained an industrial injury on 06/02/2001. He has reported pain in both knees and feet. Diagnoses include history of right total knee replacement with complications of arthrofibrosis and limited range of motion of the knee and chronic knee pain; left knee pain with degenerative joint disease; bilateral plantar fasciitis; right shoulder arthroscopy for rotator cuff tear; and non-industrial atrial fibrillation, The IW also has non-industrial related GERD (gastro intestinal reflux disease). Treatment to date includes long term medication use of Norco 10/325mg and Celebrex 200mg. A progress note from the treating provider dated 01/21/2015 indicates the IW continues having severe right knee pain that is intensified by cold weather. He also complains of worsening pain in the left knee and bottom of left foot. On exam, the right knee has flexion of only 90 degrees and extension of 5 degrees with obvious swelling. The left knee reveals full active range with crepitus in passive range of motion. Stability test of the left knee reveals valgus laxity in excess with crepitus on flexion to extension passively. Both feet exhibit tenderness over the plantar fascia. On 02/06/2015 Utilization Review non-certified a request for 1 Prescription of Celebrex 200mg #60 and also non-certified a request for 1 Prescription of Norco 10/325mg #180. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, and Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Hydrocodone Page(s): 74-96.

Decision rationale: Norco is a combination of acetaminophen and hydrocone, an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates both musculoskeletal pain with potential arthritic components. The patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length, and there is no indication of failure of first-line therapies other than a statement from that patient that he "cannot take NSAIDs". The treating physician frequently states that the patient experiences a 50% decrease in pain and 50% functional improvement, with the statement remaining unchanged over time. However, the documentation also states that the patient experiences "worsening pain and stiffness" on nearly every encounter. The documentation also states the patient cannot bear weight, flex, extend, kneel, or squat and the patient recently started using a cane for stability. The pain continues to be a minimum of 4-5/10 and physical examination shows significantly limited functional capability. All of this evidence appears to be in contrast to the statement of 50% improvement. The rationale for the large amount of medication (180 tabs, up to 6 per day) is also not detailed. Therefore, the request for Norco 10/325 mg #180 is not medically necessary at this time.

1 Prescription of Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, and Osteoarthritis (including knee & hip).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Celebrex Page(s): 67-72; 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Celebrex is the brand name for celecoxib, a NSAID COX-2 selective inhibitor. According to MTUS guidelines, anti-inflammatory medications are the traditional first line treatment for pain, with evidence supporting the use of NSAIDs in chronic pain. MTUS states that COX-2 inhibitors (Celebrex) may be considered if the patient has risk of GI complications, but not for the majority of patients. NSAIDs and COX-2 inhibitors have similar efficacy and risks. According to ODG, risk factors for GI bleeding include: (1) age > 65 years;

(2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications, or why the patient could not be on a traditional NSAID medication, other than a statement from the patient that he "cannot take NSAIDs". The treating physician states that the patient experiences a 50% decrease in pain 50% increase in functional status, but the documentation also indicates that continued pain and decreased functional status are present. The documentation also does not detail why combination therapy with a large amount of Norco is necessary, and does not clarify which medication is contributing to the stated improvement. The records do not indicate any other approved indication for use other than chronic pain. Therefore, the request for Celebrex 200 mg #60 is not medically necessary at this time.