

Case Number:	CM15-0042817		
Date Assigned:	03/13/2015	Date of Injury:	01/23/2010
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 7/23/2010. Diagnoses include worsening traumatic arthritis, right knee, lumbar discopathy, compensatory right ankle pain and thoracic outlet syndrome. Treatment to date has included modified work, diagnostics, therapy, bracing, anti-inflammatory medications, arthroscopic surgical interventions on the right knee (7/15/2010 and 3/03/2011) and injections. Per the Primary Treating Physician's Progress Report dated 1/26/2015, the injured worker reported right knee pain. Physical examination revealed moderate medial joint line swelling and tenderness of the right knee. He lacks 5 degrees of full extension and flexes to 80 degrees with pain beyond that. There was moderate patellofemoral crepitus from a flexed to extended position. A right total knee replacement was scheduled and authorization was requested for post-op medications including Norco, Celebrex and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op norco #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 75, 79-83,91.

Decision rationale: Per MTUS: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002) Per review of the clinical documentation provided, short term usage of Norco would be indicated, especially in the post-operative setting. The refill would not be medically necessary.

Celebrex 200mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 70, 30.

Decision rationale: Per MTUS: Selective COX-2 NSAIDS: Celecoxib (Celebrex) is the only available COX-2 in the United States. No generic is available. Mechanism of Action: Inhibits prostaglandin synthesis by decreasing cyclooxygenase-2 (COX-2). At therapeutic concentrations, cyclooxygenase-1 (COX-1) is not inhibited. In animal models it works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. Use: Relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosingspondylitis. Side Effects: See NSAIDs, hypertension and renal function; & NSAIDs, GI Symptoms and Cardiovascular Risks. Cardiovascular: Hypertension (13%) CNS: headache (15.8%), dizziness (1% - 2%), insomnia (2.3%); GI: diarrhea (4% to 11%), dyspepsia (8.8% vs.12.8% for ibuprofen and 6.2% for placebo), diarrhea (5.6%), abdominal pain (4.1% vs. 9% for ibuprofen and 2.8% for placebo), N/V (3.5%), gastroesophageal reflux (5%), flatulence (2.2%); Neuromuscular/skeletal: arthralgia (7%), back pain (3%); Respiratory: upper respiratory tract infection (8%), cough (7%), sinusitis (5%), rhinitis (2%), pharyngitis (2%); Skin Rash (2%) discontinue if rash develops; Peripheral Edema (2.1%). Recommended Dose: 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert) Celebrex is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal 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. See Anti-inflammatory medications. See NSAIDs (non-steroidal anti-inflammatory drugs) for specific patient decision-making criteria. Unlike other NSAIDs, celecoxib does not appear to interfere with the anti platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Per review of the clinical documentation provided, short term usage of celebrex would be indicated, especially in the post-operative setting. The refill would not be medically indicated.

Gabapentin 600mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 16-17.

Decision rationale: Per review of clinical documentation provided and cited guidelines, this patient does not meet criteria for an approved indication for this medication. Per MTUS: Postherpetic neuralgia: Gabapentin and pregabalin are recommended. (Attal, 2006) (Backonja, 2004) Central pain: There are so few trials (with such small sample size) that treatment is generally based on that recommended for peripheral neuropathy, with gabapentin and pregabalin recommended. Lamotrigine has been found to be effective for central post-stroke pain (see below for specific drugs), and gabapentin has also been found to be effective. (Backonja, 2004 Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain, pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane,2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. See also specific drug listings below: Gabapentin (Neurontin); Pregabalin (Lyrica).