MAXIMUS Federal Services

Case Number:	CM15-0045548		
Date Assigned:	03/17/2015	Date of Injury:	07/28/2003
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old male, who sustained an industrial injury on 07/28/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic arthritis and unspecified internal derangement of knee. Treatment to date has included use of ice, status post bilateral knee surgery, medication regimen, physical therapy, and Synvisc injections. In a progress note dated 01/26/2015 the treating provider reports complaints of pain to the bilateral knees with a pain rating of a six out of ten along with moderate to severe tenderness to palpation to the right medial patellar joint line, moderate tenderness to palpation to the left knee generalized, and moderate crepitus with range of motion. The treating physician requested the prescription for Celebrex, noting use for pain and inflammation and is part of the current medication regimen. A prescription for Lidoderm Patch but the documentation did not indicate the reason for this requested treatment, and a prescription for a bilateral knee brace with Bionicare stimulation to improve pain and function and to re-grow cartilage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Celebrex 200mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that despite prior Celebrex use the patient continues to have suboptimal pain relief. The documentation dated 1/26/15 states that the patient has tried NSAIDS with suboptimal pain relief. The MTUS states that there is no evidence to recommend one drug in this class (NSAIDS) over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The request for Celebrex 200mg #60 is not medically necessary.

Bilateral Knee Brace with Bionicare stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-BioniCare½ knee device.

Decision rationale: Bilateral Knee Brace with Bionicare stimulation is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that Bionicare stimulation is recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. The documentation does not indicate that the patient is involved in a therapeutic exercise program. Therefore, this request is not medically necessary.

Lidoderm Patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Lidoderm Patch 5% #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-

herpetic neuralgia. The documentation does not indicate localized neuropathic pain, failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patch 5% is not medically necessary