

Case Number:	CM15-0096660		
Date Assigned:	05/27/2015	Date of Injury:	03/29/2013
Decision Date:	12/31/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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: Florida

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 70 year old female who sustained an industrial injury on March 29, 2013. The worker is being treated for: bilateral knee degenerative arthritis and large medial meniscal tear right knee. She is status post arthroscopy March 2014 with continued pain. Subjective: February 18, 2015 she reported complaint of continued right knee pain and the knee gives way at times. April 02, 2015 she reported complaint of bilateral knee pain. She reported the injection she received "did not give her much relief at all." She reported some catching, clicking, and sensation of it giving out. Objective: February 18, 2015 noted she had crepitus with ROM, medial joint tenderness and a grade I Lachman's testing. April 02, 2015 noted on examination "she has full knee extension," positive McMurray's, grinding, and crepitus with extension and flexion of the knee; also noted with minimal amount of effusion. Diagnostic: January 2015 noted MRI right knee. Medication: January 2015: Voltaren gel, Celebrex. April 2015: prescribed Norco and Celebrex. Treatment: January 2015 POC noted administration of injection right knee. February 2015, April 2015 noted POC patient would benefit from right knee arthroscopy, medication, and modified work activity. On April 16, 2015 a request was made for Celebrex 200mg and Norco 5mg 325mg that were noncertified by Utilization Review on April 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Celebrex 200 mg capsules, sig: unspecified, quantity: unspecified refill 0, for the right knee as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Celebrex is an NSAID medication that is used to treat inflammation and pain. This patient carries a diagnosis of bilateral knee degenerative arthritis. She is over the age of 65. It should be noted that utilization review already approved this medication for the patient. Independent medical review is in agreement with utilization review that this medication is medically necessary for this patient.

Norco 5/325 mg sig: unspecified, quantity: unspecified refill 0, for the right knee as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Regarding this patient's case, there is no documentation of the patient failing first line conservative pain management measures before proceeding to the prescription of narcotics. In accordance with California MTUS guidelines, when opiates are being prescribed for an extended period of time a pain management contract should be signed. There is no documentation of such. Likewise, this requested narcotic pain medication is not considered medically necessary.