

Case Number:	CM14-0124609		
Date Assigned:	08/08/2014	Date of Injury:	09/12/2004
Decision Date:	10/08/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of September 12, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; unspecified amounts of physical therapy; multiple knee surgeries; and reported return to work. In a Utilization Review Report dated July 17, 2014, the claims administrator denied a request for Celebrex, Norco, and MS Contin. The applicant's attorney subsequently appealed. In an August 1, 2014 progress note, the applicant reported persistent complaints of knee pain, 4/10. The applicant was on morphine, Norco, and Celebrex, it was stated. The applicant did have a past medical history notable for GERD, diverticulitis, and hiatal hernia. The applicant was status post three knee surgeries, it was stated. The applicant was also using a variety of dietary supplements in addition to Zantac, it was stated. The applicant was reportedly working full time, in a different capacity, as a car salesman. The attending provider stated that ongoing medication usage was diminishing the applicant's pain complaints by 40% to 75%. It was stated that the applicant was using Celebrex on the grounds that he had issues with GERD and he was unable to tolerate oral NSAIDs. The applicant was reportedly working and stated that his ability to perform activities of daily living, including ambulating, was ameliorated as a result of ongoing medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg qty 30 x 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are recommended if an applicant has a history of and/or issues with gastrointestinal complications but are not recommended for the majority of applicants. In this case, however, the applicant has a history of gastroesophageal reflux disease, diverticulitis, and hiatal hernia. The applicant is apparently unable to tolerate nonselective NSAIDs such as Motrin. Provision of Celebrex, a COX-2 inhibitor, is therefore indicated. Accordingly, the request is medically necessary.

Hydrocodone 10/325mg qty #90 x refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to full-time, full-duty work as a car salesman, it has been suggested. The applicant is deriving appropriate analgesia and improved ability to perform ambulation and other activities of daily living through ongoing hydrocodone-acetaminophen usage, it was further stated. Continuing the same, on balance, was therefore indicated. Accordingly, the request was medically necessary.

MS Contin 15mg qty #60 x 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to and maintained successful return to work status with ongoing opioid therapy, it has been posited. The applicant is deriving appropriate analgesia from the medications in question, it is further noted. The applicant's ability to perform standing

and walking tasks as a car salesman has reportedly been ameliorated with ongoing usage of morphine, it has further been suggested. Continuing the same, on balance, was therefore, indicated. Therefore, the request was medically necessary.