

Case Number:	CM14-0171069		
Date Assigned:	10/23/2014	Date of Injury:	08/05/2000
Decision Date:	11/25/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/16/2014

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 and leg pain reportedly associated with an industrial injury of August 5, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; earlier left and right total knee arthroplasty procedure; and extensive periods of time off of work. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for Exalgo and Celebrex. The applicant's attorney subsequently appealed. In a progress note dated October 15, 2014, the applicant reported ongoing complaints of bilateral knee pain, 7/10. The applicant was using a cane to move about. The applicant was using Norco, Exalgo, Celebrex, Percocet, Valium, Soma, and Wellbutrin, it was acknowledged. The applicant was status post right total knee arthroplasty procedure in November 2010 and a left knee total knee arthroplasty procedure on September 8, 2014. The attending provider stated that the applicant was in need of postoperative analgesia around the clock through Exalgo following the recent total knee arthroplasty procedure. The attending provider also stated that Celebrex was intended to ameliorate the applicant's issues with knee arthritis. The attending provider stated that Celebrex was generating appropriate analgesia. The attending provider then stated, somewhat incongruously, that the applicant was "permanently totally disabled." In a June 4, 2009 office visit, the attending provider noted that the applicant was using AcipHex for possible hiatal hernia in conjunction with Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo ER 8mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting Opioids section. Page(s): 75.

Decision rationale: As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, the advantage of long-acting opioids is that they provide around-the-clock analgesia. In this case, the attending provider posited that the applicant was in need of around-the-clock analgesia following a recent total knee arthroplasty surgery on September 8, 2014. The applicant could reasonably or plausibly be expected to have issues with severe pain requiring around-the-clock analgesia on or around the date of the Utilization Review Report, October 10, 2014, i.e., some one month removed from the date of the total knee arthroplasty procedure. Continuing Exalgo was indicated on or around the date in question. It is further noted that the applicant appeared to be an opioid-dependent individual prior to undergoing knee surgery and would likely require analgesia with Exalgo on or around the date in question for postoperative pain relief purposes. Therefore, the request is medically necessary.

Celebrex 200mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. 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 in applicants who have a history of GI complications. In this case, earlier progress notes suggest that the applicant has had issues with hiatal hernia and/or associated gastroesophageal reflux disease for what appears to be a span of several years, since 2009. Ongoing usage of Celebrex was indicated on or around the date in question, for postoperative analgesia purposes, approximately one month removed from the date of recent total knee arthroplasty procedure. Therefore, the request was medically necessary. While this is, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 does stipulate that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS during the postsurgical treatment period. Since page 22 of the MTUS Chronic Pain Medical Treatment Guidelines did address the applicant's need for Celebrex postoperatively, the request therefore is medically necessary.