

<b>Case Number:</b>	CM14-0215041		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 1/13/12. A utilization review determination dated 12/2/14 recommends non-certification/modification of new right knee brace, Norco, and Celebrex. 5/30/14 medical report identifies a 76-year-old patient with chronic right knee pain, worse with weightbearing. Right knee support helps a lot, but is wearing out. He has been told that knee replacement is not indicated at this time. A series of knee injections has not helped. He gets episodes of sharp pain and feels that his knee will give out. He is taking Celebrex and Tylenol #3 for more severe pain. On exam, there is minimal effusion, some patellar crepitus palpable, full extension with pain, flexion to 110 degrees, difficulty getting up from chair due to knee stiffness and pain, and he ambulates with a limp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase new right knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Bracing

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 340.

**Decision rationale:** Regarding the request for a new knee brace, CA MTUS and ACOEM state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Within the documentation available for review, there is no indication that the patient has any of the conditions for which a knee brace is indicated as outlined above. In the absence of such documentation, the currently requested new knee brace is not medically necessary.

**Norco 5/325 mg #100 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 67-68; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider noted that the patient was taking Tylenol #3, but there is no indication of pain scores, significantly increased pain, lack of response to Tylenol #3, or another clear rationale for the addition or change to Norco. Furthermore, the prescribed amount of medication (#100 with 2 refills) is not conducive to regular reevaluation for ongoing efficacy, appropriate medication usage, etc., and unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Norco is not medically necessary.

**Celebrex 3/325 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 67-68; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any

objective functional improvement. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.