

Case Number:	CM15-0013275		
Date Assigned:	01/30/2015	Date of Injury:	12/13/2010
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on December 13, 2010. She has reported left knee pain. The diagnoses have included pain of the knee and degenerative joint disease. Treatment to date has included medications, knee surgery, injections, physical therapy and imaging studies. A progress note dated December 10, 2014 indicates a chief complaint of continued left knee pain. Physical examination showed abnormal grind and glide tests, and medial joint line pain. The treating physician is requesting prescriptions for Norco 5/325 mg x 120, and Celebrex 200 mg x 60 with three refills. On December 23, 2014 Utilization Review partially certified the request for Norco with an adjustment of the quantity to 60, and partially certified the request for Celebrex with an adjustment of the refills to one citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Recommendation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The documentation submitted for review supports the ongoing use of opiates. Per progress report dated 1/12/15, it was noted that the patient had been continuing to note substantial benefit of the medications and that she had nociceptive, neuropathic, and inflammatory pain. There was no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, she had no side effects, no complications, no aberrant behavior, UDS on September 09, 2014 the most recent was "WNL as they all are, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 60% improvement in pain. The request is medically necessary. It should be noted that the UR physician has certified a modification of the request for #45.

Celebrex 200mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review contains no evidence that the injured worker was refractory to treatment with ibuprofen or naproxen. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did not note any history of GI complications, or risk factors for GI complications. While it is noted that NSAIDs are clinically indicated for this claimant, the requested Celebrex is not supported by the guidelines. This request is considered not medically necessary.