

<b>Case Number:</b>	CM15-0116376		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/30/2006
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 53-year-old male who sustained an industrial injury to the right knee on 06/30/2006. Diagnoses include status post right knee anterior cruciate ligament reconstruction and partial medial meniscectomy with posttraumatic arthritis. Treatment to date has included oral and topical medications, bracing, TENS unit, Orthovisc injections, steroid injections, physical therapy, surgery and home exercise. MRI of the right knee on 4/12/14 showed the prior ACL reconstruction; osteophytes were noted in the intercondylar notch; the ACL graft was intact; minimal fraying about the posterior horn of the medial meniscus consistent with a tiny nondisplaced degenerative tear was noted; and medial and lateral femoral condyle arthritis was noted without grade 4 changes. According to the progress notes dated 4/14/15, the IW reported continued pain in the right knee. On examination, there was diffuse tenderness in the right knee with mild crepitation. A cortisone injection to the right knee was given on the date of service. A request was made for Celebrex 200mg, #30 with one refill and Norco 10/325mg, #90 with one refill. It was noted the IW has continued to work without restrictions. A progress report dated August 12, 2014 indicates that the patient's Celebrex helps him allows him to do a home exercise program and continue doing his regular job. A progress report dated November 17, 2014 states that the patient has exhibited no aberrant behavior, therefore no urine drug testing has been performed. A report dated December 18, 2014 states that the Celebrex helps him do his activities of daily living and continue working. He was not taking oral narcotic medication at that time. As of March 23, 2015, the patient was reportedly utilizing Tylenol #4.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Celebrex is providing analgesic benefit and allowing the patient to work. As such, the currently requested Celebrex is medically necessary.

**Norco 10/325mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. Notes seem to indicate that the patient was recently using Tylenol #4. It may be, that the patient was recently transitioned to Norco. However, a refill would not be indicated in the absence of documentation that Norco provided analgesic efficacy and objective functional improvement. In the absence of clarity regarding those issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.