

Case Number:	CM15-0027800		
Date Assigned:	02/20/2015	Date of Injury:	08/16/2012
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on August 16, 2012. The diagnoses have included status post total hip replacement. Treatment to date has included diagnostic studies, surgical intervention, and medication. A physician's note dated December 31, 2014 revealed that the injured worker is nine days post-operative from a right total hip replacement. On January 20, 2015, Utilization Review modified a request for Celebrex 200 mg #60, Dilaudid 4 mg #60, OxyContin 10 mg #60, noting that the current pharmacological management is not appropriate for the injured worker and therefore modifying the request for Celebrex and modifying the request for Dilaudid and OxyContin to allow time for weaning. The ACOEM was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of Celebrex 200 mg #60, Dilaudid 4 mg #60, OxyContin 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg, sixty count with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines online, Chronic Pain section, table 2, as well as the Official Disability Guidelines (ODG), and Goodman and Gilman's

The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,70.

Decision rationale: The request is considered not medically necessary. Celebrex was prescribed to the patient post-operatively after his total hip replacement in 12/2014. Because it is 3 months since the surgery, it is unlikely the patient continues to require Celebrex. There is no documentation of recent pain scores or functional improvement. The continued use of NSAIDs carries certain risks and long-term use is not recommended. Therefore, the request is considered not medically necessary.

Dilaudid 4 mg, sixty count with unspecified number of refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines online, Chronic Pain section, table 2, as well as the Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Dilaudid is not medically necessary. The patient had been taking Dilaudid post-operatively after his total hip replacement. The patient is now more than 3 months post-surgery. He was also on oxycontin. The chart does not provide any documentation of improvement in function with its use. There are no documented drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement or evidence of objective functional gains with opioid use, the long-term efficacy data is limited, and there is high abuse potential, the risks of Dilaudid outweigh the benefits. Therefore, the request is considered not medically necessary.

Oxycontin 10 mg, sixty count with an unspecified number of refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines online, Chronic Pain section, table 2, as well as the Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Oxycontin is not medically necessary. The patient had been taking Oxycontin post-operatively after his total hip replacement. The patient is now more than

3 months post-surgery. He was also taking Dilaudid. The chart does not provide any documentation of improvement in function with its use. There are no documented drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement or evidence of objective functional gains with opioid use, the long-term efficacy data is limited, and there is high abuse potential, the risks of Oxycontin outweigh the benefits. Therefore, the request is considered not medically necessary.