

Case Number:	CM15-0072565		
Date Assigned:	05/19/2015	Date of Injury:	08/23/2011
Decision Date:	06/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 43 year old male who sustained an industrial injury on August 23, 2011. He continues to have some discomfort in the right knee and low back pain and has been diagnosed with slight synovitis of the right knee with no evidence of infection and compensatory lumbar injury secondary to gait abnormality. Treatment has included physical therapy, medications, medical imaging, and a TENS unit. Examination of the lumbar spine demonstrated tenderness in the lower lumbar area to the left of midline. He forward bends 80 degrees, extension was 10 degrees. The right knee exam demonstrates ballottable synovial fluid at the lateral aspect of the right knee. He had full range of motion of the knee with a negative ligamentous examination. The treatment request included physical therapy, X-ray of the right knee, hydrocodone, Celebrex, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Guidelines do not recommend long term use of opioid medication unless there is evidence of return to work and significant increase in pain relief and function. In this case, previous reviews have recommended weaning of hydrocodone due to long term use and limited objective evidence of significant functional improvement. The request for hydrocodone 10 mg #120 is not medically appropriate and necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Guidelines recommend for patients at increased risk for a gi event with use of NSAIDs a non-selective NSAID with a PPI before consideration can be given for a cox-2 medication such as Celebrex. In this case, the patient has not been demonstrated to be at intermediate or high risk for GI events, nor is there evidence that the patient is intolerant to first line NSAIDs. The request for Celebrex 200 mg #60 is not medically appropriate and necessary.

Colace 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Guidelines recommend stool softeners for treatment of opioid related constipation. In this case, the patient is not an appropriate candidate for opioid medications and discontinuation of opioids should alleviate the opioid induced constipation. The request for Colace 50 mg #30 is not medically appropriate and necessary.