

Case Number:	CM15-0093639		
Date Assigned:	05/19/2015	Date of Injury:	01/23/2002
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 1/23/2002. She reported initial complaints of low back and right knee. The injured worker was diagnosed as having insomnia; chronic pain syndrome; spinal stenosis lumbar region; pain in joint unspecified chronic; sacroiliac sprain chronic; degenerative disc disease lumbar chronic; low back pain chronic; knee joint replacement chronic; morbid obesity. Treatment to date has included status post right total knee replacement (8/2013); physical therapy; lumbar epidural steroid injections; medications. Diagnostics included X-rays bilateral knees (9/14/11 and 4/22/13). Currently, the PR-2 notes dated 1/6/15 indicated the injured worker complains of back pain that is moderate to severe and fluctuating but persistent. The pain is in the lower back and left hip and radiates to the knees and described as ache, deep, diffuse, discomforting, dull, numbness, piercing, sharp, shooting, stabbing and throbbing. The symptoms are aggravated by ascending stairs, bending, changing positions, and coughing, daily activities, descending chairs, rolling over in bed, sitting, sneezing, standing, twisting and walking. The symptoms are relieved by ice, lying down, injections, massage, pain medications, stretching and rest. The provider notes the injured worker shows no evidence of current substance use disorder. Her pain level is reported with medications at 6/10 and without 10/10. Her current medication regime is documented as clonidine, promethazine, Senna, Cymbalta, Celebrex, Norco 10/325mg, chloradiazepoxine and Fentanyl 25mcg.hr transdermal patch. The provider is requesting Senna 8.6mg #90 and Celebrex 200mg #30 for arthritic pain in the low back and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the prophylactic use of anti-constipation medications when opioids are utilized. The primary treating physician consistently documents the ongoing long term use of opioid medications and under this circumstance, the Guidelines support the use of Senna. The Senna 8.6mg #90 is medically necessary.

Celebrex 200mg #30: Overturned

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

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

Decision rationale: MTUS Guidelines discourage the long term use of NSAID medications whenever possible, but the Guidelines recognize that long term use may be reasonable for individuals with chronic inflammatory pain. If there is close monitoring for side effects and the medication is beneficial, the Guidelines allow for long term use. This individual meets these Guideline standards. Under these circumstances, the Celebrex 200mg #30 is supported by Guidelines and is medically necessary.