

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/22/2013  
Date of Injury: 7/16/2013  
IMR Application Received: 8/12/2013  
MAXIMUS Case Number: CM13-0010181

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ultram 200mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Celebrex 200mg #30 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Ultracet #120 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ultram 200mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Celebrex 200mg #30 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Ultracet #120 is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

The patient is a 53-year-old female who reported an injury on 07/16/2008. An operative report was submitted on 12/16/2011 by Dr. [REDACTED], which indicated that the patient underwent right open carpal tunnel release. The most current office visit was conducted on 09/03/2013 with Dr. [REDACTED]. The patient continued to complain of 6/10 to 7/10 neck pain. Current medications remained the same to include ltram, Celebrex and Ultracet. It was also noted that the patient received a medial branch block at C3, C4, C5 and C6 on 04/26/2013. Physical examination revealed no significant changes from the previous exam. Diagnoses included cervical facet syndrome, cervical pain, carpal tunnel syndrome and spasm of a muscle. The treatment plan included the continuation of current medications of Ultram, Celebrex and Ultracet and the continuation of a home exercise program, and a radiofrequency procedure was scheduled for C3, C4, C5 and C6 on the right side in 09/2013.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Ultram 200mg #30:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 67, 78, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pgs. 74-82 and 113, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that tramadol is a centrally-acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. The use of opioids should be part of a treatment plan that is tailored to the patient. A therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. Discontinuation should occur when there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, there is no documentation of a failure of first-line therapy prior to the request for an opioid. As per the latest clinical note on 09/03/2013, the employee continued to report 6/10 to 7/10 pain with difficulty performing activities. The employee also continued to report poor sleep quality and no changes to the activity level. Physical examination continued to reveal restricted range of motion of the cervical spine, tenderness to palpation and decreased sensation with painful range of motion of the right hand. There is no evidence of improvement in function or extenuating circumstances that would warrant the need for a continuation of this current medication. **The request for Ultram 200mg #30 is not medically necessary and appropriate.**

**2) Regarding the request for Celebrex 200mg #30:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 67, 78, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 67-70, which are part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that nonsteroidal anti-inflammatory drugs are used in the treatment of osteoarthritis. They are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and, in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a selective COX-2 NSAID used for the relief of

signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. With regards to back pain, NSAIDs are recommended as a second-line treatment after acetaminophen. As per the clinical information received for this review, there is no evidence provided of this employee's failure of a trial with first-line therapy to include acetaminophen. There is no indication that this employee suffers from osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. Additionally noted is that there is no indication as to why this employee would not benefit from a more traditional over-the-counter NSAID as opposed to a prescription medication. **The request for Celebrex 200mg #30 is not medically necessary and appropriate.**

### 3) Regarding the request for Celebrex 200mg #30:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 67, 78, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 74-82, which are part of the MTUS.

#### Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The duration of action is generally 3 to 4 hours. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. Opioids should be discontinued when there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, there is no indication that this employee has failed a trial of nonopioid analgesics prior to the request for an opioid. There is also no indication of any significant functional gains following the use. Satisfactory response to treatment is not indicated by the employee's decrease in pain, increase in level of function or improved quality of life. As per the latest clinical notes submitted on 09/03/2013, the employee continued to complain of 6/10 to 7/10 pain with frequent flare ups, decreased activity level and poor sleep quality. **The request for Celebrex 200mg #30 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH,  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.