

Case Number:	CM13-0015343		
Date Assigned:	03/19/2014	Date of Injury:	04/13/2010
Decision Date:	04/17/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old female who was injured on April 13, 2010 when she slipped and fell while working. The patient continued to experience pain in her cervical, thoracic, and lumbar spines. Physical examination noted that the patient was not in acute distress on July 29, 2013. Diagnoses included psychogenic pain, cervicgia, lumbar disc displacement, myalgia and myositis. Treatment included physical therapy, psychology, and prescription medications. Requests for authorization for Tramadol 50mg # 360, Celebrex 100mg #180, omeprazole 20mg #180 and Lidoderm patch 5%, # 90, were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not

recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case, the patient had been treated with tramadol since at least October 2012. Analgesia had not been obtained. There was no signed opioid contract and no urine drug testing. Criteria for long-term opioid use have not been met.

CELEBREX 100MG QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 30-31, 70.

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

Decision rationale: Celebrex is the selective COX-2 nonsteroidal anti-inflammatory drug celecoxib. It has been useful in the treatment of osteoarthritis, ankylosing spondylitis, and rheumatoid arthritis. Chronic Medical Treatment Guidelines state, "Anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis, it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for hypertension and renal function have been reported with COX-2 NSAIDs. Record of pain and function with the medication should be recorded. The records indicate that the patient had been prescribed Celebrex prior to June 2012 and was not achieving relief. Long-term use increases the risk of side effects with no documented benefit. In this case, the patient had been taking Celebrex since at least October 2012 and had not obtained analgesia. The medication should not be recommended.

OMEPRAZOLE 20MG QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID +

low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. Medical necessity has not been established.

LIDODERM 5% PATCH QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 112.

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Lidoderm patches are recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. In this case, the patient was not suffering from post-herpetic neuralgia, which is the only FDA approved indication for the use of this medication. In addition, the pain was not localized or not consistent with neuropathic etiology. Criteria for use of Lidoderm patches are not met.