

<b>Case Number:</b>	CM13-0029887		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 35 year old male injured on 10/28/10 while working as a crew member in the oil fields. The mechanism of injury is described and a well head blew and threw him up into the air resulting in injuries to the right shoulder, neck, bilateral upper extremities, and left knee. The injured worker was diagnosed with post-concussion syndrome, traumatic brain injury, post-traumatic stress disorder, cognitive disorder, and chronic pain. The injured worker also underwent arthroscopic anterior cruciate ligament reconstruction in November of 2010 and hardware removal in July of 2012. Prior treatments included surgical intervention, medication management, and cervical epidural steroid injections. Clinical note dated 11/12/13 indicated the injured worker presented complaining of left knee pain, cervical pain radiating to the bilateral upper extremities interfering with sleep, activities of daily living, emotions, and function. The injured worker was requesting additional cervical epidural steroid injection. The injured worker rated his pain 8/10 and described it sharp, dull/aching, pins and needles, stabbing, numbness, and pressure. Physical examination revealed bilateral spasms to the cervical spine, diminished strength to the right upper extremity, decreased sensory exam to the right upper extremity and left upper extremity, and inconsistent behavioral responses absent. Medications included Ambien 10mg, Celebrex 200mg daily, and Tramadol 50mg every six hours. The treatment plan included continue with conservative treatment including home exercise program, moist heat, stretches, and physical therapy treatment. The initial request for Celebrex 200mg #30 and Tramadol 50mg #120 was denied on 11/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CELEBREX Page(s): 30.

**Decision rationale:** As noted on page 30 of the Chronic Pain Medical Treatment Guidelines, Celebrex is the brandname for Celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 200MG, #30 cannot be established as medically necessary.

**TRAMADOL 50 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, OPIOIDS, CRITERIA FOR USE Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tramadol 50 MG #120 cannot be established at this time.