

Case Number:	CM13-0068673		
Date Assigned:	01/03/2014	Date of Injury:	04/01/1998
Decision Date:	03/31/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 California. 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 physician 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:

This 67 year old female sustained an injury when her chair slipped and dropped to a lower position on 4/1/1998 while employed by [REDACTED]. Requests under consideration include Celebrex Cap 200 mg #60 (30 day supply) and Tramadol HCl Tab 50 mg #200 (25 days supply). Current diagnoses included lumbar disc displacement s/p L4-5 fusion with instrumentation on 1/11/00. Latest report from provider noted patient has daily low back pain when sitting or standing over 10 minutes. Exam noted patient with slow, antalgic gait. Another report dated 4/22/13 noted daily low back pain at 8-9/10 scale and is utilizing Tramadol and Celebrex. Exam noted negative straight leg raise at 90 degrees bilaterally without numbness present. Report noted blood work to check liver and kidney are obtained every 6 months as well as medications in urine; however, no mention what laboratory it was sent to or if it was done in-house without results determined. Requests of above medications to include Celebrex and Tramadol were non-certified on 11/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex Cap 200 mg #60 (30 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 22.

Decision rationale: This 67 year old female sustained an injury when her chair slipped and dropped to a lower position on 4/1/1998 while employed by [REDACTED]. Requests under consideration include Celebrex Cap 200 mg #60 (30 day supply) and Tramadol HCl Tab 50 mg #200 (25 days supply). Current diagnoses included lumbar disc displacement s/p L4-5 fusion with instrumentation on 1/11/00, over 14 years ago. The patient continues to treat for chronic persistent low back pain described as 8-9/10 without documented functional improvement. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 1998 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The Celebrex Cap 200 mg #60 (30 day supply): is not medically necessary and appropriate.

Tramadol HCl Tab 50 mg #200 (25 days supply): Upheld

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

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

Decision rationale: This 67 year old female sustained an injury when her chair slipped and dropped to a lower position on 4/1/1998 while employed by [REDACTED]. Requests under consideration include Celebrex Cap 200 mg #60 (30 day supply) and Tramadol HCl Tab 50 mg #200 (25 days supply). Current diagnoses included lumbar disc displacement s/p L4-5 fusion with instrumentation on 1/11/00, over 14 years ago. The patient continues to treat for chronic persistent low back pain described as 8-9/10 without documented functional improvement. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of

specific functional benefit derived from the continuing use of opioids with persistent severe pain.
The Tramadol HCl Tab 50 mg #200 (25 days supply) is not medically necessary and appropriate.