

Case Number:	CM14-0154734		
Date Assigned:	09/24/2014	Date of Injury:	02/26/1995
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 69 year old female who was injured on 2/26/1995. She was diagnosed with lumbar sprain. He also has a medical history significant for hypertension. She was treated with surgery (lumbar), opioids, NSAIDs, topical analgesics, and anti-epileptics. On 9/3/14, the worker was seen by her treating physician complaining of lumbar pain radiating to buttocks and into left leg and associated with tingling and numbness in the left foot rated 2/10 at rest and 10/10 with activity on the pain scale. Physical examination revealed limited range of motion of the lumbar spine, absent reflexes at ankles, decreased sensation on sole of left foot, and muscle spasm of the left lower lumbar area. She was recommended Ultram and Celebrex. Blood testing (complete blood count, comprehensive metabolic panel, and liver function panel) was also ordered for the worker at that time, without explanation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC, CMP, LFP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

Decision rationale: MTUS Guidelines do not address blood testing directly as it related to treating chronic pain related to a lumbar injury. Sometimes blood testing is helpful and recommended when considering side effects of medications, such as acetaminophen and liver effects, for example. However, the worker in this case did not take any medications related to her injury that might have required any routine blood testing. Therefore, the blood testing is not medically necessary.

ULTRAM 50MG #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 12, 13, 83 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was no evidence found in the notes that the worker was exhibiting any functional improvement with the use of this medication. Also, Ultram should not be used as first-line therapy chronically. Therefore, the Ultram is not medically necessary.

CELEBREX 200MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she has a history of hypertension, and has been using NSAIDs chronically, which is not appropriate for her injury and medical history. Therefore, the Celebrex is not medically necessary.

