

<b>Case Number:</b>	CM14-0162737		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Emergency Medicine, 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 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:

Patient with reported date of injury on 1/4/2013. Mechanism of injury is "scraped by a metal piece to left arm." Patient has a diagnosis of L shoulder impingement, L mild carpal tunnel syndrome and cervical degenerative disc disease. Medical reports reviewed. Last report available until 8/29/14. Documentation submitted is poor. There are multiple progress notes with little to no documentation of subjective complaints or lack any objective exam. Last progress note from 8/29/14 notes patient complains of L shoulder pain. Only noted physical exam is "nontender subacromially". No other details were provided. Last appropriate complaint documentation is from 7/16/14. Notes L shoulder pain. Pain radiates down arm. Pain is 6/10 and is constant. Worsened with use. Improves with medication and heat. Last full objective exam is from 8/1/14. Objective exam reveals mildly decreased range of motion (ROM) especially with rotation. Muscle and neurological exam is normal. No tenderness noted. Shoulder exam reveals mild bilateral decreased ROM with negative drop test, positive hesitation on R side and tenderness to anterior shoulder. Note from 8/29/14 reports that surgery has been approved. Request for Celebrex and Ultram was requested for unknown reason. Note from 6/23/14 reports that Celebrex was reportedly requested because Prilosec was denied. Patient reportedly has "stomach pains" when taking Motrin. While there is discussion and reports of various imaging that the patient has received, no actual official reports were provided for my review. No medication list was provided for review. Prior notes mention hat patient us taking Motrin and Tramadol. Independent Medical Review is for Ultram 50mg #120 and Celebrex 200mg #30. Prior UR on 9/26/14 recommended weaning off Ultram and denied Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 78.

**Decision rationale:** Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no documentation of objective improvement in pain, activity of daily living and monitoring of side effects. Due to not meeting appropriate documentation of opioid monitoring criteria, this prescription for Ultram is not medically necessary.

**Celebrex 200 mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** Celebrex is a COX-2 selective inhibitor, an NSAID. As per MTUS Chronic pain guidelines, COX-2 inhibitors like Celebrex are recommended only for patients with risk of gastrointestinal events like bleeds or failure of other treatment modalities like PPIs. There is no documentation of patient's other medical problems or any risks for GI events. Patient was previously on Prilosec while on Motrin due to stomach upset. Request for Prilosec was denied but there is no documentation as to why it was denied. Patient has dyspepsia and is on an NSAID which meets criteria for recommendation of a PPI like Prilosec. Reviewing the provided documentation, there is a likelihood that Prilosec was denied due to poor documentation since multiple months prior to denial, there is no documentation of stomach complaints documented by provider. The lack of documentation by the treating providers leading to denial of Prilosec does not support the continued use or initiation of Celebrex. Celebrex is not medically necessary.