

Case Number:	CM14-0167844		
Date Assigned:	10/15/2014	Date of Injury:	09/18/2013
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 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:

This is a 51 year old male patient who sustained a work related injury on 9/18/13. Patient sustained the injury when he was lifting a box and felt a crack in the low back. The current diagnoses include Disc herniation, L5-S1. Per the doctor's note dated 9/8/14, patient has complaints of low back pain with numbness, and tingling in both leg. Physical examination revealed absent reflexes in the left ankle, decreased sensation in the left S1 dermatome and strength 4+/5 on the left S1. Per the doctor's note dated 10/08/14 patient had complaints of low back pain at 5-8/10 with numbness and tingling. Physical examination revealed decreased reflexes on the left at the ankle, decreased sensation on the left at S1, and 4+/5 strength on the left at S1, straight-leg raise and bowstring were negative bilaterally, normal gait, normal heel-walk, unable to toe-walk on the left, positive lumbar tenderness, muscle spasms in the paraspinal musculature, and ROM decreased 30%. He was deemed permanent and stationary on 5/30/14. The current medication lists include Meloxicam. The patient has had MRI of the lumbar spine in 12/9/2013 and 10/16/14 was negative for disc extrusion or neural compression and moderate degenerative disc disease at the T11-12 level. Any surgical or procedure note related to this injury were not specified in the records provided. He has had a urine drug toxicology report. The patient has received an 18 PT and 12 chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex Page(s): 22; 30.

Decision rationale: Celebrex contains Celecoxib which 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. According to CA MTUS chronic pain medical treatment guidelines "Antiinflammatories 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. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months,.....(Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen."According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Response to usual non selective NSAIDs is not specified in the records provided. In addition per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided.The medical necessity of the request for CELEBREX is not fully established in this patient.

TRAMADOL ER (ULTRAM) 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75; 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Patient is having chronic pain and is taking Tramadol for this injury . Response to Tramadol in terms of functional improvement is not specified in the records provided. The level of the pain with and without

medications is not specified in the records provided. Short term or prn use of Tramadol for acute exacerbations would be considered reasonable appropriate and necessary. However, any evidence of episodic exacerbations of severe pain was not specified in the records provided. The need for Tramadol on a daily basis with lack of documented improvement in function is not fully established. This medical necessity of the request for Tramadol ER (Ultram) 150mg #60 is not fully established for this injury.

LIDODERM 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (lidocaine patch) Page(s): 111-112; 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidoderm 5% #30 is not fully established.