

Case Number:	CM14-0042893		
Date Assigned:	06/30/2014	Date of Injury:	03/27/1997
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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 71 year old patient had a date of injury on 3/27/1997. The mechanism of injury was not clear. In progress note dated 3/19/2014, the patient presents with back pain, left hip pain, and left foot pain. The back pain is generalized, located on both sides, lumbar region and sacral region. Objectively, the patient is alert and oriented. Neck is supple, non tender. Diagnostic impression shows lumbar degenerative disease, hip pain, left foot pain, left back pain. Treatment to date: medication management, behavioral modification. A UR decision on 3/25/2014 denied the request for Celebrex 200mg #30 with 6 refills, stating only patients with several risk factors and at high risk for GI sequelae/cardiovascular events are prescribed celebrex, a selective cox-2 inhibitor. Tramadol 50 mg #90 with 3 refills was denied, stating no indication of continued of continued moderate to severe pain to support opioid medication

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex (celecoxib).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pg 22 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In a progress report dated 3/19/2014, the patient is noted not to be at any risk for GI events. Furthermore, it is not clear why the patient would need Celebrex as opposed to a 1st line NSAID such as Motrin or Naproxen. Therefore, the request for Celebrex 200mg is not medically necessary.

Tramadol 50mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pg 78-81, 113 Page(s): 78-81, 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In the reports viewed, there was no documented functional improvements noted from the use of this opioid. Furthermore, there was no evidence of CURES monitoring, pain contract, or urine drug screens. Therefore, the request for Tramadol 50mg #90 was not medically necessary.