

Case Number:	CM14-0065811		
Date Assigned:	07/11/2014	Date of Injury:	05/15/2012
Decision Date:	08/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 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 injured worker is a 67-year-old male who reported an injury on 05/15/2012. The mechanism of injury was not specifically stated. Current diagnoses include right leg radiculopathy with weakness, L5-S1 disc herniation/stenosis, L4-5 stenosis, and moderately severe L5-S1 disc degeneration. The injured worker was evaluated on 04/04/2014 with complaints of ongoing lower back pain with intermittent radiating pain and numbness in the lower extremity. The injured worker also reported intermittent right foot drop and sleep difficulty. Current medications include Celebrex 200 mg, Ultram 50 mg, Norvasc 10 mg, Aspirin 81 mg, Glimepiride 4 mg, Levothyroxine 100 mcg, Losartan 100 mg, Lovastatin 40 mg, and Metformin HCL 500 mg. Physical examination revealed a normal gait, limited lumbar range of motion, 5/5 motor strength, and 2+ deep tendon reflexes. Treatment recommendations at that time included a lumbar spine laminotomy and foraminotomy with fusion and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above-mentioned diagnoses. The injured worker has also utilized Celebrex 200 mg since 10/2013 without any evidence of objective functional improvement. Therefore, the ongoing use cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Tramadol (Ultram) 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids Washington State Dept of Labor: Guideline for Prescribing Opioids to Treat Pain in Injured Workers, Effective July 1, 2013 Opioids for Catastrophic Injuries.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Tramadol 50 mg since 08/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.