

Case Number:	CM14-0071933		
Date Assigned:	07/16/2014	Date of Injury:	08/25/2010
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with an 8/25/10 date of injury, and status post ankle arthroplasty 11/19/13. At the time (5/6/14) of request for authorization for Ultram 50mg #30 between 5/1/2014 and 6/15/2014 and Celebrex 100mg #60 between 5/1/2014 and 6/15/2014, there is documentation of subjective (pain still present but reduced) and objective (edema reduces significantly, pain isolated to the posterior ankle, posterior facet of the subtalar joint, stiffness on forcifer plantar flexion) findings, current diagnoses (status post triple arthrodesis of ankle joint, pain, edema), and treatment to date (activity modification and medications (including Ultram and Celebrex prescribed in April 2014)). 4/11/14 medical report identifies patient has stomach upset and history of gastritis. Regarding the requested Ultram 50mg #30 between 5/1/2014 and 6/15/2014, there is no documentation that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; moderate to severe pain; moderate to severe pain; and Ultram used as a second-line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #30 between 5/1/2014 and 6/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post triple arthrodesis of ankle joint, pain, edema. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of moderate to severe pain and that Ultram is being used as a second-line treatment. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #30 between 5/1/2014 and 6/15/2014 is not medically necessary.

Celebrex 100mg #60 between 5/1/2014 and 6/15/2014: Overturned

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 Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post triple arthrodesis of ankle joint, pain, and edema. In addition, there is documentation of stomach upset and history of gastritis. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 100mg #60 between 5/1/2014 and 6/15/2014 is medically necessary.