

Case Number:	CM14-0077450		
Date Assigned:	07/18/2014	Date of Injury:	04/03/2003
Decision Date:	08/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 60 yo female who sustained an industrial injury on 04/03/2003. The mechanism of injury was not provided for review. Her diagnosis is shoulder pain. There is no physical exam provided. Treatment has included medical therapy and physical therapy. The treating provider has requested Celebrex 200mg # 60 x 3 refills, Ranitidine 300mg # 30 x 3 refills, and Tramadol 50mg # 120 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 - 3refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines page 30 (pdf format) Page(s): 30.

Decision rationale: NSAIDs may be grouped into three categories based on their relative selectivity for COX2; there are non-selective, partially selective, and selective agents. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug directly targets COX-2, an enzyme responsible for inflammation and pain. Celecoxib may have a lower risk of GI events relative to nonselective NSAIDs; however, this has not been conclusively

demonstrated with long term use and it is not known how Celecoxib compares to generic partially selective NSAIDs. The difference in the absolute risk of serious GI effects between Celecoxib and other NSAIDs is small and of unknown clinical significance. Elderly, those using high doses of NSAID, concurrent use of corticosteroids or anticoagulants, and prior history of significant GI related events may result in an increase in the incidence of adverse effects from any NSAID. There is no specific indication for Celebrex therapy and there is no documentation that this particular medication has improved her functional ability. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Ranitidine 300mg #30 - 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal medicine 2013: Ranitidine indications.

Decision rationale: There was no specific indication for Ranitidine use. the medication is used to treat ulcers, gastroesophageal reflux disease, esophagitis, Hypersecretory conditions (Zollinger-Ellison syndrome), and stress ulcer prophylaxis. There was no clear detail provided in the available documentation as to why the medication is required, and there is no documentation of the claimant having any particular objective GI abnormalities. The medical necessity for the requested item is not established. The requested item is not medically necessary.

Tramadol 50mg #120 - 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 page 93, 94-96 (pdf format) Page(s): 93, 94-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Tramadol 50 mg is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of California

MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item is not established. The requested treatment is not medically necessary.