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| Case Number: | CM15-0137269 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 03/31/2009 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 36 year old woman sustained an industrial injury on 3/31/2009. The mechanism of injury is not detailed. Diagnoses include discogenic cervical condition, impingement syndrome, bicipital tendinitis, acromioclavicular joint inflammation of the shoulder, left side medial and lateral epicondylitis, radial tunnel syndrome, left side intersection syndrome, left forearm Wartenburg's syndrome, bilateral wrist joint inflammation, bilateral median nerve neuritis, left knee internal derangement, overuse and discomfort of the right upper extremity, stress, insomnia, and depression. Treatment has included oral medications. Physician notes dated 6/9/2015 show improved neck pain, persistent shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral hip pain, low back pain, and right knee pain. Recommendations include surgical intervention, left knee steroid injection, Celebrex, AcipHex, Topamax, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 (No fills in 2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Current use of analgesics in 2015 was not noted nor failure of NSAIDS (non-Cox inhibitors) or Tylenol. The Celebrex is not justified and not medically necessary.

Topamax 50mg #60 (No fills in 2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptics/Topamax Page(s): 21.

Decision rationale: According to the guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The claimant had been on Neurontin in 2014. Failure of medications in 2015 is not noted. Indication for resuming with Topamax is not justified. There is no evidence of central neuropathic pain. The Topamax is not medically necessary.

Tramadol ER 150mg #30 (No fills in 2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The claimant had been on Tramadol for majority of 2014. There was no indication of failure of 1st line medications or need to remain on Tramadol chronically or resume it in 2015. Current pain scores are not noted. Resumption of Tramadol is not justified and not medically necessary.