

<b>Case Number:</b>	CM15-0163453		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

The injured worker is a 62-year-old male, who sustained an industrial injury on 5-14-09. The injured worker was diagnosed as having displacement of intervertebral disc, villonodular synovitis of the shoulder region, and post-laminectomy pain syndrome. Treatment to date has included right shoulder arthroscopy with labral debridement, synovectomy, and subacromial decompression on 9-19-14. Other treatment included laminectomy and fusion on 1-30-12, physical therapy, epidural steroid injections, acupuncture, and medication. On 7-7-15 and 8-4-15, pain was rated as 8 of 10 without medication and 3 of 10 with medication. The injured worker had been taking Percocet and Celebrex since at least 7-14-14 and Tramadol since at least 8-11-14. Currently, the injured worker complains of low back and right shoulder pain. The treating physician requested authorization for Percocet 10-325mg #180, Tramadol 50mg #240, and Celebrex 200mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, QTY: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for a year without significant improvement in pain or function several months in combination with Tramadol and Celebrex. There was no mention of Tylenol, NSAID (non-COX inhibitor), Tricyclic or weaning failure. Pain reduction due to Percocet cannot be determined and need for multiple opioids is not justified. The continued use of Percocet is not medically necessary.

**Tramadol 50mg, QTY: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

**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, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score reduction attributed to Tramadol cannot be determined. In addition, there was no indication for multiple opioids. He had been on exceeded the maximum dose of 300 mg daily. The continued use of Tramadol as above is not medically necessary.

**Celebrex 200mg, QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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. The Celebrex is not medically necessary.