

<b>Case Number:</b>	CM15-0181860		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 48 year old female who reported an industrial injury on 1-7-2014. Her diagnoses, and or impressions, were noted to include lumbar sprain and radiculopathy; myofascial pain syndrome. No current imaging studies were noted. Her treatments were noted to include: a physiatry consultation for the lumbar spine on 7-8-2014; an Emergency Room (ER) visit for unrelieved back pain (7-16-14); physical therapy (8-2014 & 4 & 5-2015, & 7-2015); transcutaneous electrical stimulation unit therapy; medication management; and rest from work. The progress notes of 8-24-2015 reported: continued use of back brace with (illegible) lift, and single point cane to ambulate; still has pain in the lumbar spine with some numbness to the left leg; and was currently not working. The objective findings were noted to include: positive left straight leg raise; decreased sensation in the left foot; and decreased strength in left (illegible). The physician's requests for treatment were noted to include requesting a traction device for home use, and to continue conservative management with Celebrex noted being continued. Celebrex 200 mg daily, #90 with 2 refills was first noted ordered on 7-13-2015. The Request for Authorization, dated 8-24-2015, was noted for a home traction device. The Utilization Review of 9-4-2015 non-certified the request for a home traction device, and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home traction device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Traction.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Powered-Traction Device, page 476.

**Decision rationale:** Treatment Guidelines for the Low Back notes traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Per ODG, low back condition is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proven effective for lasting relief in the treatment of low back pain. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The Home traction device is not medically necessary and appropriate.

**Unknown prescription of Celebrex:** 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:** Review indicates that Celebrex 200 mg daily, #90 with 2 refills was first noted to be ordered on 7-13-2015. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic January 2014 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Unknown prescription of Celebrex is not medically necessary and appropriate.