

<b>Case Number:</b>	CM15-0188408		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/05/1992
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 64 year old male, who sustained an industrial injury on 11-5-1992. Medical records indicate the worker is undergoing treatment for lumbar facet syndrome, lumbar radiculopathy, lumbar spondylosis, low back pain, knee pain and lumbar disc disorder. A recent progress report dated 7-30-2015, reported the injured worker complained of low back pain and left knee pain, rated 6-7 out of 10, with a 75% reduction in pain with the use of medications. The injured worker states the medications allow him to leave home and enjoy time with grandkids. (The injured worker had right shoulder surgery on 5-15-2015.) Physical examination revealed lumbar paravertebral muscle spasm and tenderness and a positive straight leg raise test, "limited lumbar range of motion" and left knee restricted range of motion. Treatment to date has included 3 lumbar epidural steroid injections, left knee injection, shoulder surgery, physical therapy, Tramadol ER, Flexeril, Celebrex and Tylenol with codeine. The injured worker has tried and failed Vicodin, Percocet, MS Contin, Fentanyl patches, OxyContin, Gabapentin and Norco. The last 2 urine drug screens from 7-1-2015 and 7-2-2014 were consistent with prescribed medications. The physician is requesting Celebrex 200mg #60 with 2 refills, per 8-26-15 order, Tramadol ER 200mg #30, per 8-26-2015 order and Tylenol-Codeine #4 300-60mg #120, per 8-26-15 order. On 9-1-2015, the Utilization Review noncertified the request for Celebrex 200mg #60 with 2 refills, per 8-26-15 order, Tramadol ER 200mg #30, per 8-26-2015 order and Tylenol-Codeine #4 300-60mg #120, per 8-26-15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 with 2 refills, per 8/26/15 order: 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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex is not medically necessary.

**Tramadol ER 200mg #30, per 8/26/2015 order: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Tramadol ER 200mg #30, per 8/26/2015 order, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines state that baseline pain and functional assessments should be made before starting an opiate. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. Within the documentation available for review, there is no indication that the prior long acting opiate medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement). Additionally, no baseline assessments in function have been done. As such, there is no clear

indication for ongoing use of an opiate or starting a new one. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol ER 200mg #30, per 8/26/2015 order, is not medically necessary.

**Tylenol-Codeine #4 300-60mg #120, per 8/26/15 order: 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): Codeine, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term.

**Decision rationale:** Regarding the request for Tylenol-Codeine #4 300-60mg #120, per 8/26/15 order, California Pain Medical Treatment Guidelines state that Codeine is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol-Codeine #4 300-60mg #120, per 8/26/15 order is not medically necessary.