

<b>Case Number:</b>	CM15-0189500		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/18/1997
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65year old female, who sustained an industrial injury on 4-18-97. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, myofascial pain syndrome, thoracic back strain, lumbar spine strain, cervical strain, sprain-strain of the shoulder and upper arm, left carpal tunnel syndrome and injury to the ulnar nerve. The injured workers current work status was not identified. The most current progress reports dated 4-9-15 and 1-8-15 note that the injured worker complained of neck and upper back pain which radiated to the left upper extremity, elbow and forearm. The injured worker also noted headaches. Objective findings noted the neck to be supple. No trigger points or spasms were noted. Left elbow examination revealed loss of range of motion with extension by ten percent. No tenderness was noted. Pain levels were not noted. Documented treatment and evaluation to date has included medications, physical therapy, left carpal tunnel release surgery and left elbow surgery. Current medications include Tramadol (since at least July of 2014), Celebrex (since at least July of 2014) and Lidoderm. Medications tried and failed include Ibuprofen and Imitrex. The injured worker noted that the current pain medications were helpful for the pain. The current treatment requests are for Celebrex 200 mg # 30 with 3 refills and Tramadol 50 mg # 60 with 3 refills. The Utilization Review documentation dated 9-11-15 non-certified the request for Celebrex 200 mg # 30 with 3 refills and Tramadol 50 mg # 60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 With Three Refills:** 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.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of tramadol nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per the medical records, it is noted that the injured worker works part time. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe and appropriate usage, medical necessity cannot be affirmed. Furthermore, the requested 4 month supply is not appropriate as it does not allow for timely reassessment of efficacy. The request is not medically necessary.

**Celebrex 200mg #30 With Three Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review indicates that the injured worker had GI upset with ibuprofen. Per the medical records, it is noted that the injured worker works part time. However, the requested 4 month supply is not appropriate as it does not allow for timely reassessment of efficacy. The request is not medically necessary.

