

Case Number:	CM15-0202328		
Date Assigned:	10/19/2015	Date of Injury:	11/21/2002
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, 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 is a 68 year old female patient with an industrial injury date of 11-21-2002. The diagnoses include lumbar spondylosis and sprain-strain of sacroiliac joint. Per the doctor's note dated 09-10-2015, she had complaints of low back pain. The pain was described as "stabbing" and occasional. Severity of symptoms was described as "moderate to severe with profound limitations." Work status was documented as "regular work, unrestricted duties." Per the note dated 5/20/15, the physical examination revealed loss of lumbar lordosis, pain at end range of lateral bending and positive straight leg raising test. The current medications (09-10-2015) included nexium, Lidoderm patch, Lyrica, Celebrex (at least since 04-10-2015), Vicodin, Tramadol (at least since 04-10-2015), Xanax, Belladonna-Ergotamine-Phenobarbital and Ultracet (09-10-2015). Past medical history includes peptic ulcer disease. Past surgical history includes appendectomy, tonsillectomy and removal of skin cancer in 1992 and 1994. She had MRI left elbow in 2007 and lumbar spine X-rays. Prior treatments included medications, chiropractic care and activity modification. The last urine drug screen noted was collected on 09-10-2015. On 09-23-2015 the request for Tramadol (Ultracet) 37.5-325 mg # 60 with 2 refills was modified to a quantity of 10 for weaning with no refills and Celebrex 200 mg # 60 was modified to a quantity of 30 tablets by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultracet) 325mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids (Classification).

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had chronic low back pain with profound limitations. There was evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol (Ultracet) 325mg #60 with 2 refills is medically appropriate and necessary to use as prn during acute exacerbations.

Celebrex 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "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. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients." Per the records provided patient had chronic low back pain. Per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Per the records provided this patient is 68 years old with a history of peptic ulcer disease. The request of Celebrex 200mg #60 is medically appropriate and necessary for this patient at this time.