

Case Number:	CM15-0222502		
Date Assigned:	11/18/2015	Date of Injury:	06/06/2014
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency 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 38 year old female who sustained an industrial injury June 6, 2014. Past history included hypertension. Past treatment included hot and cold therapy, medication, back brace and a TENS (transcutaneous electrical nerve stimulation) unit. Diagnoses are discogenic cervical condition with radicular component, right upper extremity; impingement syndrome right shoulder with bicipital tendinitis; brachial plexus irritation of the upper extremity, right side medial and lateral epicondylitis on the right. According to an orthopedic physician's notes dated October 2, 2015, the injured worker presented with continued pain along the neck, right shoulder, left ankle and left hip. The physician documented a previous MRI of the neck showed multilevel disc disease and a labral tear of the right shoulder. The physician documented she is taking medications to be functional. Current medication included Norco, Celebrex, AcipHex, Flexeril and Ultracet. Objective findings included; tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the facets and pain with facet loading; pain along the right shoulder, rotator cuff, and biceps tendon; positive Tinel's at the elbow and wrist on the right. At issue, is a request for authorization for Celebrex and Ultracet (since at least August 3, 2015). According to utilization review dated October 15, 2015, the requests for Celebrex 200mg #90 and Ultracet 37.5mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg # 90: Upheld

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

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

Decision rationale: The requested Celebrex 200 mg # 90 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has pain along the neck, right shoulder, left ankle and left hip. The physician documented a previous MRI of the neck showed multilevel disc disease and a labral tear of the right shoulder. Objective findings included; tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the facets and pain with facet loading; pain along the right shoulder, rotator cuff, and biceps tendon; positive Tinel's at the elbow and wrist on the right. At issue, is a request for authorization for Celebrex and Ultracet (since at least August 3, 2015). The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200 mg # 90 is not medically necessary.

Ultracet 37.5mg # 60: Upheld

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

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

Decision rationale: The requested Ultracet 37.5mg # 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain along the neck, right shoulder, left ankle and left hip. The physician documented a previous MRI of the neck showed multilevel disc disease and a labral tear of the right shoulder. Objective findings included; tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the facets and pain with facet loading; pain along the right shoulder, rotator cuff, and biceps tendon; positive Tinel's at the elbow and wrist on the right. At issue, is a request for authorization for Celebrex and Ultracet (since at least August 3, 2015). The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of

treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultracet 37.5mg # 60 is not medically necessary.