

Case Number:	CM15-0036700		
Date Assigned:	03/05/2015	Date of Injury:	02/01/2004
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: Arizona, 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:

The injured worker is a 75 year old male, who sustained an industrial injury to the lower back on February 1, 2004. His diagnoses include status post thoracic-lumbar fusion in 2013, lumbosacral spondylosis, and sciatica. He has been treated with postsurgical physical therapy and medications. On January 21, 2015, his treating physician reports the injured worker has low back pain, greater on the right than the left, with numbness and tingling to the calves. He has a 1.5 inch built up right shoe to allow for functional leg length discrepancy from functional scoliosis. He has decreased the dosage of his topical analgesic medication from 110mcg/hour to 25mcg/hour. He was unable to tolerate a decrease to 12mcg/hour and noted decreased toleration of sitting, standing, and walking. He continues to use his oral analgesic 3-4 per day. In addition, he is taking a non-steroidal anti-inflammatory medication, which improved his standing and walking by 15%. The physical exam revealed an antalgic gait and normal muscle tone without atrophy in the upper and lower extremities. The treatment plan includes prescriptions for his current analgesic pain and non-steroidal anti-inflammatory medications. His topical analgesic dosage was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Tramadol HCL 50MG #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for over a year in combination with Fentanyl. In addition, the request for Tramadol above included 5 months of refills without determining month to month compliance, pain control, etc. In addition, there was recent documentation on 1/21/15 that indicated increase pain control and function with the use of Celebrex. The continued and chronic use of Tramadol as above is not medically necessary.

Celebrex 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective COX-2 NSAIDs; Celecoxib (Celebrex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Although the Celebrex was helpful, there was no indication of NSAID failure and a 5-month refill is not medically necessary.