

Case Number:	CM15-0042827		
Date Assigned:	03/13/2015	Date of Injury:	05/13/1982
Decision Date:	04/20/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas

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 71 year old female, who sustained an industrial injury on 5/13/1982, while working as a property clerk. She reported stepping out of a van and feeling subsequent back and left leg pain. The injured worker was diagnosed as having postlaminectomy syndrome, lumbar region. Treatment to date has included multiple spinal surgical interventions (1982, 1983, and 1989) and conservative measures, including diagnostics, medications, and transcutaneous electrical nerve stimulation unit. Medications list included Celebrex and Tramadol since at least 6/11/2014. Currently, the injured worker complains of constant and chronic low back pain, with right lower extremity weakness. Severity was described as moderate to severe, with profound limitations. Magnetic resonance imaging of lumbar spine findings, dated 5/31/2011, were referenced in the PR2 report, dated 1/28/2015. Current medications included Tramadol and Celebrex. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COX-2 inhibitors (Celebrex) Page(s): 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Celebrex. MTUS guidelines state the following: may be considered if the patient has a risk of GI complications, but not for the majority of patients. The clinical documents state the patient medications are causing dyspepsia. According to the clinical documentation provided and current MTUS guidelines; Celebrex is indicated as a medical necessity to the patient at this time.

Tramadol 50mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Tramadol is not indicated a medical necessity to the patient at this time.