

Case Number:	CM14-0154918		
Date Assigned:	09/24/2014	Date of Injury:	04/29/2009
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old male who was injured on 04/29/2009 while lifting a box. He felt pain in his lower back. He has undergone a fusion at L4-L5, L5-S1. Prior treatment history has included epidural steroid injection, lumbar support, physical therapy and home exercise program. According the UR, the patient was seen on 08/29/2014 with low back pain with radiation down both legs. The patient's strength was 5/5 in bilateral lower extremities. He had positive straight leg raise at 30-45 degrees in the L4 distribution, right at 45-60 degrees in L5 distribution. The patient is diagnosed with lumbosacral neuritis, lumbar sprain, and postlaminectomy syndrome of the lumbar spine. He was recommended to continue with Celebrex 200 mg and Tramadol 50 mg. Prior utilization review dated 09/08/2014 states the request for Celebrex 200mg #30 is denied as it is not medically necessary; and Tramadol 50mg #120 is denied as long term use is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY DURATION GUIDELINES, TREATMENT IN WORKERS COMPENSATION, 2014 WEB-BASED EDITION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The guidelines recommend NSAID therapy for acute or acute on chronic pain for short-term treatment. Generally treatment should not exceed 4-6 weeks. It is unclear from the documents how long the patient has been taking NSAIDs but it appears to be longer than the recommended duration. The clinical documents did not clearly discuss the patient's response to therapy. It is unclear if he is having significant benefit and functional improvement from Celebrex. Additionally, a frequency of administration was not provided with the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY DURATION GUIDELINES, TREATMENT IN WORKERS COMPENSATION, 2014 WEB-BASED EDITION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The clinical documents provided did not demonstrate a significant improvement in analgesia and improved ADLs/functioning. There should be clear indication to continue chronic opioid therapy in patients. The documents lacked detailed and succinct clinical information which demonstrate the need for ongoing opioid therapy. Additionally, a frequency of administration was not provided with the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.