

<b>Case Number:</b>	CM14-0046348		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 66-year-old female with a 6/23/11 date of injury. The injury occurred when the patient was lifting a bed-bound patient and the bed broke. According to a 6/6/14 progress note, the patient complained of constant, aching, pressure-like, sharp pain in the low back. The patient stated that the pain radiated to lower extremities with the same features plus added numbness and tingling. She stated a pain level of 8/10 on a pain scale of 0-10. She stated that she had severe pain flares. The patient stated that Mobic helped with pain and inflammation and provided functional improvement. Objective findings: mild pain with lumbar extension, mild palpable spasms bilateral lumbar musculature with positive twitch response. Diagnostic impression: lumbar sprain/strain, lumbago, lumbar radiculopathy. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 3/21/14 denied the requests for Celebrex, Tramadol, and the purchase of a LSO brace. Regarding Celebrex, there was no indication of GI issues. Regarding Tramadol, guidelines do not recommend long-term opioids for chronic low back pain. Regarding the LSO brace, guidelines do not recommend lumbar supports for back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg. # 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation (ODG) Pain Chapter and on Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) (JAMA September 13, 2000, Vol 284, No. 10).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. According to a progress note dated 4/8/14, the patient complained of GI upset for the past 2-3 weeks. Guidelines support the use of Celebrex in the presence of GI complications. Therefore, the request for Celebrex 200 mg, #30 is medically necessary.

**Tramadol 50 mg. # 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated 6/6/14, the physician stated that Tramadol is a new prescription as needed for breakthrough pain to improve pain and function. However, according to the reports reviewed, the patient has been on the medication since 3/10/14. There was no documentation of significant pain improvement or improved activities of daily living. In addition, according to a 4/8/14 progress note, the patient reported a pain level of 8/10 with and without medications. It is documented that she continued to have severe pain flares while taking Tramadol. Furthermore, this is a request for 180 tablets. It is documented that the patient was prescribed Tramadol 50 mg four times a day as needed. There is no rationale provided as to why the patient requires such a large quantity of medication. Therefore, the request for Tramadol 50 mg, #180 is not medically necessary.

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Support.

**Decision rationale:** CA MTUS does not address this issue. Per ODG Guidelines lumbar supports are not recommended for prevention in neck and back pain. They are recommended as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). However, guidelines only support back braces in the acute phase of injury. In addition there is no evidence that the patient has instability or compression fractures. Therefore, the request for a LSO Brace is not medically necessary.