

Case Number:	CM14-0213200		
Date Assigned:	12/30/2014	Date of Injury:	10/26/2013
Decision Date:	02/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 54-year-old male who reported an injury on 10/26/2013. The mechanism of injury was a slip and fall. On 08/13/2014, the patient presented with low back pain and pain down the bilateral legs, right worse than left. Current medications included Norco, Naprosyn, and Flexeril. On examination, there was numbness noted to the left great toe and vibration in the buttocks related to the back injury. Examination of the lumbar spine noted that a straight leg raise exam reproduces discomfort to the right buttock. The straight leg raise to the right causes pain through the right buttock into the posterior thigh and into the knees. Tenderness noted over the L4-5 and L5-S1 vertebra with tenderness over the PSIS bilaterally. There was tenderness throughout the right buttock and over the right sciatic notch. The diagnoses were displaced lumbar intervertebral disc, lumbago, and sciatica. The provider recommended Celebrex and tramadol. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Celebrex 200mg Quantity: 30.00 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Celebrex 200mg qty: 30.00 x 3 is not medically necessary. California MTUS Guidelines state that all NSAIDs are associated with risk for cardiovascular events including MI, stroke, or onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There was lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. As such, medical necessity for Celebrex has not been established.

Refill of Tramadol 50mg Quantity: 120.00 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 93-94, 76-78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for refill of Tramadol 50mg Quantity: 120.00 x 3 is not medically necessary. The California MTUS recommends opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. A current urine drug screen was not submitted for review. As such, medical necessity for Tramadol has not been established.