

<b>Case Number:</b>	CM14-0218977		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 64 year old male, who sustained an industrial injury on 2/22/10. He has reported left knee and low back pain. The diagnoses have included osteoarthritis of the knee. Treatment to date has included left knee arthroplasty. Currently, the IW complains of pain in leg and foot after a day of physical activities, also non-abating swelling in the knee. The IW is continuing with home exercises, continuing Celebrex 200 mg and Tramadol 50 mg. No effusion of the knee is noted. On 11/19/14 Utilization Review non-certified a prescription for Tramadol 50 mg #30, noting it is only recommended for short courses of treatment and he has been on it continuously since 9/13. The MTUS, ACOEM Guidelines, was cited. Utilization Review also non-certified Celebrex 200 #30 noting the IW is not at risk for GI issues, records indicated he was provided Motrin on 11/20/14, the failure of a lower effective dose of NSAIDS is not provided for the shortest duration of time consistent with the individual treatment goals. The MTUS, ACOEM Guidelines, was cited. On 12/30/14, the injured worker submitted an application for IMR for review of Celebrex 200 #30, and Tramadol 50 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 once a day #30 refill x5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-70.

**Decision rationale:** Celebrex is the selective COX-2 nonsteroidal anti-inflammatory drug celecoxib. It has been useful in the treatment of osteoarthritis, anklyosing spondylitis, and rheumatoid arthritis. Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted. For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for hypertension and renal function have been reported with COX-2 NSAIDS. Record of pain and function with the medication should be documented. The records indicate that the patient had been prescribed Celebrex since at least May 2014. The patient has obtained analgesia, but long term use increases the risk of adverse effects. There is no documentation that the patient has tried and failed other analgesics. The request should not be authorized.

**Tramadol 50mg once a day #30, refill x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been taking the tramadol since at least May 2014 and is obtaining analgesia. However there is no documentation that the patient has signed an opioid contract and is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.