

Case Number:	CM15-0014142		
Date Assigned:	02/02/2015	Date of Injury:	02/22/2010
Decision Date:	03/18/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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: California
 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 2/22/2010. He has reported left knee and low back pain. Details on the initial injury were not submitted for this review. Treatment to date has included status post total left knee arthroplasty 2010, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and analgesic as needed. Currently, the IW complains of persistent low back pain rated 9/10 without medication, 2/10 with medications. On 11/12/14, physical examination documented difficulty with transfers from sitting to standing and decreased flexion and extension in lumbar Range of Motion (ROM). Diagnoses included spondylosis with myelopathy in lumbar region and peripheral neuropathy, non-specified. The plan of care included possible trial of weaning medication. On 1/19/2015 Utilization Review modified certification for Tramadol 50mg #30 with one (1) refill and Celebrex 200mg #30 for one (1) refill, noting the recommendation to first line treatments. The MTUS Guidelines were cited. On 1/26/2015, the injured worker submitted an application for IMR for review of Tramadol 50mg #30 with two (2) refills and Celebrex 200mg #30 with five (5) refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Ultram Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol,.

Decision rationale: The requested Tramadol x 1 refill , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent low back pain rated 9/10 without medication, 2/10 with medications. The treating physician has documented difficulty with transfers from sitting to standing and decreased flexion and extension in lumbar Range of Motion (ROM). The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol x 1 refill is not medically necessary.

Celebrex x 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Integrated Treatment, Disability Duration Guidelines, Pain (Chronic) (updated 09/23/2014), Celebrex

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): Page 22.

Decision rationale: The requested Celebrex x 4 refills, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note. "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has persistent low back pain rated 9/10 without medication, 2/10 with medications. The treating physician has documented difficulty with transfers from sitting to standing and decreased flexion and extension in lumbar Range of Motion (ROM). The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex x 4 refills is not medically necessary.

