MAXIMUS Federal Services

Case Number:	CM15-0122539		
Date Assigned:	07/06/2015	Date of Injury:	04/10/2001
Decision Date:	09/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York
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 68 year old male, who sustained an industrial injury on April 10, 2001. The mechanism of injury was a slip and fall from a ladder landing on his back. The injured worker has been treated for low back and hip complaints. The diagnoses have included lumbar strain with myofascial pain greater on the right, right trochanteric bursitis and probable lumbar degenerative disc disease. Treatment and evaluation to date has included medications, physical therapy, chiropractic treatments and a home exercise program. Work status was not provided. Most current documentation dated February 10, 2015 notes that the injured worker reported low back pain. Examination of the lumbar spine revealed tenderness to palpation along the paraspinal muscles, iliolumbar and sacroiliac regions. Range of motion was noted to be painful. Facet maneuver was equivocal and a neurologic examination was intact. The injured worker was noted to be taking the medications Ultram and Celebrex, which were helpful for his pain. The injured worker noted that the Ultram was causing dizziness at times. The treating physician's plan of care included a request for Ultracet 37.5/325 mg # 60 with 5 refills and Celebrex 200 mg # 30 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultracet 37.5/325mg #60 with 5 refills: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain Medical Treatment Guidelines "discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." The injured worker has been prescribed opioids since February of 2014. There is lack of documentation of detailed pain assessment and lack of functional improvement with the treatment already provided. There is no discussion of drug screens. Due to lack of detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional improvement, the documentation is not in accordance with the guidelines. The request for Ultracet is not medically necessary.

1 prescription of Celebrex 200mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Celebrex Page(s): 22, 30, 60, 67, 68.

Decision rationale: The medication Celebrex is a non-steroidal anti-inflammatory drug that is a COX-2 selective inhibitor. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for chronic low back pain recommends non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain so activity and functional restoration can resume. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. COX-2 inhibitors are recommended for patients with gastrointestinal problems and not for "the majority of other patients". Non-steroidal anti-inflammatory drugs are recommended for acute exacerbations of chronic low back pain as a second-line treatment after acetaminophen. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication; determine the potential benefits and adverse effects and determine the injured workers preference. Only one medication should be given at a time and interventions that are active and passive should remain unchanged at the time of the medication change. The injured worker was noted to be receiving Celebrex since February of 2014 for chronic pain. There is no documentation regarding failure of first line analgesia such as acetaminophen or gastrointestinal problems. Additionally, documentation does not include significant pain relief or functional

improvement noted with the continued use of the requested medication. The request for Celebrex is not medically necessary.