

Case Number:	CM15-0026539		
Date Assigned:	02/18/2015	Date of Injury:	09/12/2000
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/11/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who sustained an industrial injury on 9/12/00. Currently she is experiencing constant, achy low and upper back pain with radiation down both legs to the knees, more on the right. Her pain intensity was 8/10 with medications. Her medications are Celebrex, Ultracet and Prilosec. Diagnoses include low back pain, lumbago; knee pain/ joint pain leg; sacroiliac joint dysfunction; trochanteric bursitis. Treatments noted were medications. In the progress note dated 1/2/15 the treating provider indicates that the injured worker needs Ultracet for pain and Celebrex for pain and inflammation. She has had a bleeding ulcer in the past and Celebrex is the least problematic for gastrointestinal bleeding and she is on Prilosec to protect the stomach. On 1/27/15, Utilization Review non-certified the requests for Celebrex 200 mg # 60 and Ultracet 37.5/ 325 mg # 120 citing MTUS: Chronic pain Medical treatment Guidelines: Non-steroidal Anti-inflammatory Drugs) and MTUS: Chronic Pain Medical treatment Guidelines: opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Back Pain- Chronic Low Back, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records in this case do discuss a history of a probable gastric ulcer to support reasoning for Celebrex. A prior physician review states that there is no objective documentation of functional benefit from Celebrex; however MTUS would support continued NSAID/Cox-2 inhibitor use based on improvement in reported pain even without specific functional improvement. Overall, this request is supported by the treatment guidelines; this request is medically necessary.

Ultracet 37.5/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Osteoarthritis Page(s): 83.

Decision rationale: MTUS recommends consideration of a weak opioid, such as Tramadol, when initiating treatment with opioids. A prior physician review concluded that Tramadol is not indicated as a first-line opioid. However, in this case such a weak opioid is indicated in order to avoid risks or dependency of stronger opioids and to reduce the risk of GI complications of NSAIDs. Therefore, this request is medically necessary.