

<b>Case Number:</b>	CM15-0072458		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/21/2002
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 03/21/2002. The initial complaints or symptoms included injury to the low back, neck, right knee and left hand as a result of an attempted burglary. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, right knee surgery, lumbar laminectomy, left carpal tunnel release, cervical fusion, psychiatric therapy, trigger point injections, and MRIs. Currently, the injured worker complains of severe neck and bilateral shoulder pain that radiates to arms, low back pain, right knee pain, inability to sleep due to denial of Ambien, and worsening depression. The diagnoses include dysthymic disorder, myalgia, cervical degenerative disc disease, neck pain, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, low back pain, carpal tunnel syndrome, anxiety, gastroesophageal reflux disease, post-traumatic stress disorder, and knee pain. The treatment plan consisted of refills on tramadol and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker's current pain is rated subjectively at 8/10. The injured worker states that the combination of Lidoderm patches, tramadol and Celebrex only produces approximately 20% relief. There is no indication that the injured worker has significant pain reduction and associated functional improvement with the use of Tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for tramadol 150 mg #60 is determined to not be medically necessary.

**Celebrax 200mg Qty 30 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications NSAIDs Specific Drug List and Adverse Effects Page(s): 22, 67-71.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. The injured worker states that the combination of Lidoderm patches, tramadol, and Celebrex only produces approximately 20% relief. The request for Celebrex 200mg Qty 30 3 Refills is determined to not be medically necessary.