

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/5/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	8/1/2000
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0007099

- 1) MAXIMUS Federal Services, Inc. has determined the request for Celebrex 200 mg quantity 360.00 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine 10 mg quantity 1440.00 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Celebrex 200 mg quantity 360.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Cyclobenzaprine 10 mg quantity 1440.00 is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 66-year-old male with a date of injury 8/1/2000. The patient has been diagnosed with discogenic low back pain, chronic pain syndrome, mechanical neck pain, and bilateral carpal tunnel syndrome. The medical record report dated 8/28/2012 noted that the patient underwent a two level lumbar fusion on 8/14/2012. The medical report dated 7/5/2013 noted that the patient was currently participating in a HELP program. The patient reported an increase in lower back pain due to an increase in activity. He received trigger point injections the prior week with some relief. It was noted that the patient reported decreased pain with Celebrex and needed a refill. A request for authorization form dated 7/8/2013 included the request for Celebrex 200 mg # 30 with 11 refills and Cyclobenzaprine 10 mg # 120 with 11 refills.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Celebrex 200 mg quantity 360.00 :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs), page 70, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-Inflammatory Medications and NSAIDs, Specific Drug List and Adverse Effects, pages 22 and 70, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines support the use of NSAIDs for the treatment of chronic low back pain. The guidelines also recommend routine monitoring for patients with prescriptions of NSAIDs. The medical records provided for review indicate the employee has been taking Celebrex for chronic low back pain for several months. The report dated 7/5/2013 noted the employee was currently participating in a HELP program and reported an increase in lower back pain due to an increase in activity. The employee received trigger point injections the prior week with some relief and received decreased pain with the Celebrex. However, 11 refills are unreasonable as it would ignore physician monitoring. **The request for Celebrex 200 mg quantity 360 is not medically necessary and appropriate.**

**2) Regarding the request for Cyclobenzaprine 10 mg quantity 1440.00:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, pages 63 and 66, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine Section, page 64, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines support a short course of therapy with Cyclobenzaprine for back pain. However, the records submitted for review do not indicate how often the employee was taking Cyclobenzaprine and what benefits were gained by its use. Further, the requested number of refills is unreasonable as it would ignore physician monitoring. **The request for Cyclobenzaprine 10 mg quantity 1440 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.