

Case Number:	CM13-0025716		
Date Assigned:	11/20/2013	Date of Injury:	06/23/2002
Decision Date:	01/21/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 78-year-old male who sustained an injury on 06/23/2002 while helping a friend move a metal cabinet. Apparently, the friend lifted the cabinet prematurely and as a result, a heavy roll of industrial plastic fell on the patient's back. However, it also states that the patient's mechanism of injury was due to lifting a 100-pound box of oranges. The patient's chief complaint has been chronic left-sided low back pain located predominantly over the spine and radiating more to the left than the right. He further described the radiation as going from the mid back below the scapula down through the left buttock. The patient was noted as ambulating with a slow, wide based gait while he protected the left leg as much as possible. The exam also noted there was a loss of normal lordosis of the lumbar spine and tenderness along the facets from L3 to S1 more on the left than the right. There was tenderness also noted along the left obturator, left quadratus lumborum, sacroiliac joint tenderness on the left, and a Kemp's was positive bilaterally. The patient has utilized ibuprofen for part of his conservative modalities as well as chiropractic treatment, although the number of completed visits to date is unclear. An MRI of the lumbar spine diagnosed the patient as having multi-level degenerative disc disease. The physician is now requested Celebrex 200mg and Skelaxin 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: Regarding the first request for Celebrex 200mg, under California MTUS Guidelines it states that Celebrex is a brand name for celecoxib which is a non-steroidal anti-inflammatory drug that is a COX-2 selective inhibitor, which does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. NSAIDs in general are often used for moderate to severe pain and appear to be superior to acetaminophen particularly for patients with moderate to severe pain. For a patient who has been diagnosed with chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Although this patient has been diagnosed as having degenerative disc disease in his lumbar spine, the clinical information submitted for review is approximately a year old at this time. Therefore, the current information regarding this patient's health status is unknown. At this time it is unclear what medications this patient is already taking and what his medical condition may be in regard to the use of this NSAID. Therefore, without objective findings and a comprehensive physical examination to refer to, the medical necessity cannot be determined at this time. As such, the request for Celebrex 200mg is non-certified.

Skelaxin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

Decision rationale: Regarding the second request for Skelaxin 800mg, under California MTUS Guidelines Skelaxin, otherwise known as metaxalone, is recommended with caution as a second line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating. The patient has been noted as having chronic low back pain; however, the clinical information provided for review is roughly a year old. Therefore, the patient's current medical condition is unclear and the use of this medication may not be appropriate for him at this time. As such, without having updated clinical information, to include a comprehensive physical examination, the requested service is not considered medically necessary at this time. As such, the request for Skelaxin 800mg is non-certified.