

Case Number:	CM13-0029419		
Date Assigned:	01/15/2014	Date of Injury:	10/13/2007
Decision Date:	03/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/26/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic pain syndrome, headaches, and leg pain reportedly associated with an industrial injury of October 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxant; attorney representation; a 13% whole-person impairment rating; the apparent imposition of permanent work restrictions through a medical legal evaluation of August 13, 2012. In a Utilization Review Report of September 5, 2013, the claims administrator reportedly denied request for Flexeril and Celebrex. The applicant's attorney subsequently appealed. An earlier progress note of August 28, 2013 is notable for comments that the applicant reports chronic low back pain radiating to left leg. She is concurrently receiving psychiatric care. Tenderness and limited range of motion are noted about the lumbar spine despite 5/5 lower extremity strength noted. The applicant is given refills of Flexeril, Celebrex, Lyrica, and Vicodin. It is stated that the applicant tried ibuprofen in the past, which reportedly caused (GI) gastrointestinal irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg 30, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine or Flexeril Page(s): 41.

Decision rationale: According to the MTUS Chronic pain Medical Treatment Guidelines, Cyclobenzaprine or Flexeril is "not recommended" as an addition to other agents. In this case, the applicant is using numerous other analgesic and adjuvant medications, including Vicodin, Celebrex, Lyrica, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore the request is non-certified.

1 prescription of Celebrex 200mg #30, with 2 refills: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cox-2 inhibitors such as Celebrex "may be considered" if an applicant has a risk of (GI) gastrointestinal complications but are not indicated for the majority of the applicants. In this case, however, the applicant was described as having prior GI irritation and dyspepsia with usage of a nonselective (NSAID) non-steroidal anti-inflammatory drugs, ibuprofen. Usage of Celebrex is therefore indicated, contrary to what was suggested by the claims administrator, which did not seemingly pick up on or acknowledge the applicant's history of GI irritation with ibuprofen. Therefore, the original utilization review decision is overturned, the request is certified.