

Case Number:	CM13-0052589		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2012
Decision Date:	04/03/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 57 year old male with a date of injury of 7/11/12. The listed diagnoses are lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, mechanical low back pain, and status post diagnostic lumbar facet injection. According to a report dated 12/3/13, the patient presents with low back pain. The patient states the pain is constant and aching with spasms and weakness. His current pain level is documented as 6/10 on the pain scale. A report dated 11/5/13 states that the patient continues to complain of pain in the lumbar spine, cervical spine, and left lower and upper extremity. It was noted the patient also reports difficulty with sleep, anxiety, and depression due to chronic pain. Physical examination revealed tenderness over lumbar facets that were made worse with extension and rotation. Flexes were asymmetrical. Lumbar range of motion was restricted and weakness in the left upper extremity noted. Examination of the cervical spine showed cervical facet tenderness and range of motion was limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS guidelines state that Cyclobenzaprine is recommended for short courses of therapy. Limited mixed evidence does not allow for recommendation for chronic use. The MTUS recommends using muscle relaxants for 3-4 days for acute spasm, up to no more than 2-3 weeks. As the quantity and duration of this medication were unspecified, the request is not medically necessary.

Celebrex 200mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume; however, long-term use may not be warranted. The MTUS requires documentation of pain and functional assessment for chronic medication use. In this case, the treating physician does not discuss the efficacy of this medication in any of the reports provided for review dated from 1/10/13 to 12/3/13. As such, the request is not medically necessary.

Neurontin 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: The MTUS guidelines support the use of Neurontin for neuropathic pain. The patient appears to suffer from radicular symptoms into the arms and use of this medication appears appropriate. However, there is not a mention of any efficacy from use of this medication. The MTUS requires documentation of pain and functional assessment for chronic medication use. As such, the request is not medically necessary.