

Case Number:	CM14-0000434		
Date Assigned:	01/10/2014	Date of Injury:	06/10/1987
Decision Date:	04/15/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert 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 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/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 55 year old patient sustained an injury on 6/10/87 while employed by [REDACTED]. The request under consideration includes Celebrex 200 mg one po qd and Tizanidine 4 mg, one po qhs. Diagnoses include chronic low back pain; thoracic or lumbosacral neuritis or radiculitis, unspecified; muscle spasm. Conservative treatment has included medications, epidural steroid injection (12/14/06), activity modification and physical therapy. Report from [REDACTED] dated 9/30/13 noted patient with multiple prescribers. Report of 10/3/13 noted patient to be P&S without changes in complaints of occasional numbness in the left foot and low back pain that radiates into the left hip. Exam noted decreased flexion of the spine; positive SLR at 30 degrees on the left. Report from provider on 12/3/13 noted chronic low back pain. Diagnoses included chronic low back pain, muscle spasms, and neuropathy. Kadian and Hydrocodone/Ibuprofen were prescribed. The current requests for Celebrex and Tizanidine were non-certified on 12/19/13 citing Guidelines' criteria and a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend long-term use of this muscle relaxant. Submitted reports have not adequately demonstrated the indication or medical necessity for this treatment and there are no reports of significant clinical findings, acute flare-ups, or any new injuries to support its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The request for Tizanidine 4 mg is not medically necessary and appropriate.

CELEBREX 200MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation ODG (Pain Chapter); FDA (Celebrex)

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 1987 nor its functional efficacy derived from treatment already rendered. There is no report of acute flareup or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The request for Celebrex 200 mg one po qd is not medically necessary and appropriate.