MAXIMUS Federal Services

Case Number:	CM14-0000954		
Date Assigned:	01/22/2014	Date of Injury:	06/18/2003
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
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:

The injured worker is a 68-year-old female who reported a neck and shoulder injury from a fall on July 27, 2005. Within the clinical note dated December 03, 2013 the injured worker reported pain to her right shoulder. In addition, pain was reported across the injured worker's middle and lower back with radiation of pain bilaterally into her lower extremities. The injured worker described the pain as a sharp, shooting, and stabbing pain, which was rated 6/10 with her medication and 10/10 without her medication. The request for authorization was not found within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 78.

Decision rationale: The California MTUS guidelines recommend Flexeril for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with

similar effects to tricyclic antidepressants. The injured worker has been taking Flexeril for an extended amount of time and the request is prescribing the medication beyond the recommended guidelines. In addition, within the physical exam, the injured worker neither complained of spasms, nor did the physical exam document muscle spasms. The efficacy of the medication was unclear within the provided documentation as evidenced by objective functional improvements. Therefore, the requested Flexeril is not medically necessary.

CELEBREX 200MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The California MTUS guidelines recommend NSAIDs as an option for short-term symptomatic relief. Cox-2 inhibitor NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect. The injured worker was previously utilizing the medication; the guidelines recommend the use of the medication for short periods of time. The efficacy of the medication was unclear within the provided documentation as evidenced by objective functional improvements. Therefore, the requested Celebrex is not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER- PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The California MTUS guidelines determines the adjunct use of proton pump inhibitors with NSAIDs if the injured worker is has a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant. The injured worker has been utilizing NSAID medication; however, the request for Celebrex is not medically necessary and there was not a reported gastrointestinal reaction to previous NSAIDs or a history of gastrointestinal problems. Therefore, the requested Omeprazole is not medically necessary.