

Case Number:	CM14-0007343		
Date Assigned:	05/28/2014	Date of Injury:	05/22/2007
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 22, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture over the life of the claim; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for Celebrex, approved a request for Norco, denied a request for cyclobenzaprine, and approved a request for gabapentin. The applicant's attorney subsequently appealed. A January 23, 2014 progress note was notable for comments that the applicant reported persistent complaints of low back. The applicant did have a well-healed surgical incision line. The attending provider went on to reiterate request for Celebrex, Flexeril, and Norco. It was stated that the applicant had good relief with muscle relaxants, had an attached pain contract, and had less GI side effects with Celebrex. Overall rationale was somewhat sparse. It was stated that the applicant would discontinue ibuprofen, a nonselective NSAID, once Celebrex was approved. An earlier note of September 26, 2013 was notable for comments that the applicant was limited in terms of a variety of activities of daily living, including self care, personal hygiene, ambulation, travel, sleep, and physical activity. The applicant reported persistent low back pain radiating into the right leg at that point. The applicant's medication list was not provided at that point in time. On November 22, 2013, the applicant was given prescriptions for Norco and Neurontin. It was stated that these prescriptions represent renewal prescriptions. The applicant was given prescriptions for Norco and Celebrex on October 24, 2013, it was stated. In a subsequent note dated April 10, 2014, it was stated that the applicant had developed rash with Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX 2 inhibitors such as Celebrex can be employed in applicants who developed and/or have a history of GI complications with nonselective NSAIDs. In this case, however, the applicant had seemingly been using Celebrex for protracted amount of time as of the date of the Utilization Review Report, contrary to what was suggested by the attending provider. It is further noted that both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the MTUS-adopted ACOEM Guidelines in Chapter 3 state that an attending provider should incorporate discussion of medication efficacy and side effects into his choice of recommendations. In this case, the applicant did develop side effect, namely rash, with Celebrex. There was no evidence of any lasting benefit, medication efficacy, or functional improvement achieved through ongoing usage of Celebrex. The applicant was seemingly off of work. The applicant remained highly reliant and highly dependent on other medications, including opioids, such as Norco and adjuvant medications such as Neurontin. All of the above, taken together, imply that discontinuing Celebrex was a more appropriate option than continuing Celebrex. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE 10MG, #30: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.