MAXIMUS Federal Services

Case Number:	CM14-0106522		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2012
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 51-year-old male who reported an injury 02/15/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/19/2014 indicated diagnoses of spasms of muscle, degenerative lumbar/lumbosacral intervertebral disc, and lumbosacral spondylosis without myelopathy, cervicalgia, thoracic/lumbosacral neuritis/radiculopathy, unspecified myalgia and myositis, cervical spondylosis with myelopathy, lumbago and degenerative cervical intervertebral disc. The injured worker reported he had a medial branch block on 06/18/2014 with 100% relief of back pain. The injured worker reported a little stiffness in lower back. The injured worker reported continued neck pain, however, he reported medications controlled his pain. The injured worker reported Celebrex really helped. The injured worker reported neck pain between blades. The injured worker reported average pain since last visit was 4/10, functional level since last visit was 5/10. The injured worker reported poor sleep quality due to pain at times. On physical examination the injured worker's left leg pain was decreased since his recent left TFE. The injured worker's prior treatments included diagnostic imaging, medial branch block and medication management. The injured worker's medication regimen included Celebrex, Nucynta and Lorzone. The provider submitted request for Lorzone and Celebrex. A Request for Authorization was submitted for medications. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: 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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Celebrex 200mg #60 is not medically necessary. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has been utilizing Celebrex since at least 06/19/2014. Long term use may not be warranted. In addition, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for GI complications. Moreover, the request does not indicate a frequency for the use of this medication. Therefore, the request for Celebrex is not medically necessary.

Lorzone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The request for Lorzone 750mg #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Lorzone is recommended as a non-sedating muscle relaxant to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The provider did not indicate a rationale for the request. In addition, the documentation submitted indicated the injured worker had 100% relief from the medial branch block. Chronic use of muscle relaxants is not recommended by the guidelines. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Lorzone is not medically necessary.