

Case Number:	CM14-0017642		
Date Assigned:	04/16/2014	Date of Injury:	04/26/2012
Decision Date:	06/03/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, Pulmonary Diseases, 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 54-year-old female with a reported injury date of 04/26/2012 secondary to pushing a food cart. The clinical note dated 12/27/2013 noted the injured worker had subjective complaints to include intermittent pain rated at 7-9/10 in the lower back that radiate into the right hip area. Objective findings revealed a decreased active range of motion of lumbar spine 50% or normal in flexion, extension, and right and left lateral bending. Additional finding include unspecified pain that radiates to the right buttock area with extension, mild-moderate muscle spasm, negative straight legs bilaterally, knee and ankle jerks of 2+ and symmetrical, and normal motor and sensory exam in the lower extremities. It is noted that the injured worker had been completing her regular job and does not have a home exercise program in place. It was recommended that the injured worker be prescribed Celebrex, Skelaxin, and Norco. The diagnoses include degenerative disc disease lumbar spine L4-5 and L5-S1 preexisting aggravated by injury. The request for authorization was not provided by physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN: 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 (FOR PAIN) Page(s): 63-65.

Decision rationale: The injured worker had documented subjective complaints of 7-9/10 pain in the lower back that radiated into the right hip area. Objective findings included a decreased active range of motion of lumbar spine, unrated pain that radiates to the right buttock with extension, mild-moderate muscle spasm, negative straight leg raises bilaterally, equal and symmetrical reflexes, and normal motor and sensory exam in the lower extremities. It was also noted that the injured worker had been completing her regular job and does not have a home exercise program in place. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided does show that the injured worker had a mild-moderate muscle spasm of the lower back and complaints of 7-9/10 pain. However, the documentation provided did not specify the dose or quantity of the proposed medication. As such this request is non-certified.

CELEBREX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)..

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

Decision rationale: The injured worker had documented subjective complaints of 7-9/10 pain in the lower back that radiated into the right hip area. Objective findings included a decreased active range of motion of lumbar spine, unrated pain that radiates to the right buttock with extension, mild-moderate muscle spasm, negative straight leg raises bilaterally, equal and symmetrical reflexes, and normal motor and sensory exam in the lower extremities. It was also noted that the injured worker had been completing her regular job and does not have a home exercise program in place. The California MTUS guidelines state that 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. However, the documentation provided did not specify the dose or quantity of the proposed medication. As such, this request for Celebrex is non-certified.

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75.

Decision rationale: The injured worker had documented subjective complaints of unrated pain in the lower back that radiated into the right hip area. Objective findings included a decreased

active range of motion of lumbar spine, 7-9/10 pain that radiates to the right buttock with extension, mild-moderate muscle spasm, negative straight leg raises bilaterally, equal and symmetrical reflexes, and normal motor and sensory exam in the lower extremities. It was also noted that the injured worker had been completing her regular job and does not have a home exercise program in place. The California MTUS guidelines recommend short-acting opioids an effective method in controlling chronic pain. They are also often used for intermittent or breakthrough pain. The injured worker does have complaints of 7-9/10 pain. However, the documentation provided does not specify the desired dosage or number of tablets requested. As such, the request for Norco is non-certified.