MAXIMUS Federal Services

Case Number:	CM14-0115789		
Date Assigned:	08/04/2014	Date of Injury:	01/12/2004
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 65-year-old female who reported an injury on 01/12/2014. The mechanism of injury was not provided. The diagnoses include low back pain, disc disorder, cervical, cervical disc degeneration, and cervical disc radiculopathy. Past treatments included medications, diagnostic imaging, and home exercise program. Diagnostic studies included a urine drug screen on 08/04/2010 within normal limits, x-ray of the lumbar spine 4 views on 11/13/2012, MRI of the lumbar spine on 05/08/2012, urine drug screen on 08/03/2011 within normal limits, urine drug screen on 04/13/2011 within normal limits, x-ray of the lumbar spine on 08/30/2010, and EMG/NCS on 06/10/2008. Surgical history was not provided. On 05/05/2014, the injured worker was seen for neck and low back pain. The injured worker was not trying any other therapies for pain relief and was taking medications as prescribed. No side effects were reported. The injured worker stated the pain was stable since last visit and had no pain complaints. The functions and activities of daily living improved on current doses of medication. Current medications included Celebrex 200 mg 1 daily, Nexium 40 mg 1 daily, Ketoprofen/Lidocaine 20%/10% 120 mL apply to affected area 3 times a day, Vicodin 5/500 mg 1 twice daily as needed, Flexeril 10 mg 1 at bedtime as needed, Lidoderm 5% patch apply for 12 hours per day, and levothyroxine 0.25 mcg tab 1 daily. The treatment plan was to continue medications to keep the injured worker functional with no side effects, continue home exercise program, and follow-up in 8 weeks. The request is for Flexeril 10 mg #30 with 1 refill, Vicodin 5/300 mg #60 with 1 refill, and Celebrex 200 mg #30 with 1 refill. The Request for Authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FlexerilCyclobenzaprine Page(s): 41 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril). Pages 41-42.The Expert Reviewer's decision rationale:The injured worker has a history of neck and back pain. The CA MTUS Guidelines recommend "Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant." There is a lack of clinical information provided indicating how long the injured worker has used cyclobenzaprine. The guidelines recommend cyclobenzaprine as a short course of therapy. There is also a lack of documentation of functional benefit from said medication. Also, there is no frequency provided on the request. As such, the request is not medically necessary.

Vicodin 5-300 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines VicodinOngoing ManagementWeaning of Medications Page(s): 75, 78, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), page 51, and Opioids, criteria for use, page 78 Page(s): 78.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Hydrocodone (Vicodin, Lortab). Page 51, and Opioids, Criteria for use. Page 78.The Expert Reviewer's decision rationale:The injured worker has a history of neck and back pain. The CA MTUS Guidelines state, "Hydrocodone is a semi-synthetic opioid." The guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: "Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors." There is a lack of documentation as to pain relief, physical and psychosocial functioning, and the occurrence of any drug related behaviors. Also, there is no frequency provided on the request. As such, the request is not medically necessary.

Celebrex 200 mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications,` Page(s): page 22.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Anti-inflammatory medications. Page 22.The Expert Reviewer's decision rationale:The injured worker had a history of neck and back pain. 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 CA MTUS recognizes "Celebrex as a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain." There is a lack of documentation regarding functional improvement and frequency. As such, the request is not medically necessary.