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| Case Number: | CM14-0118620 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 03/11/2014 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 51-year-old female who reported an injury on 03/11/2014. The mechanism of injury was not provided within the medical records. The clinical note dated 06/10/2014 stated a diagnosis of myalgia and myositis, sacroiliac, scoliosis, lumbar disc displacement and lumbar disc degeneration. The injured worker reported right knee pain and left back pain rated 6/10. The injured worker reported aggravated factors were bending forward, kneeling, and standing, factors that alleviated her pain were lying on her back and resting. On physical examination of the lumbar spine, there was tenderness to the left sacroiliac joint and paraspinal tightness to the left area. Range of motion for flexion, right lateral bending, left lateral bending, was painful. The injured worker's treatment plan included refilled medications, qualified medical evaluation, and followup visit in 8 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included naproxen, Celebrex, Cyclobenzaprine. The provider submitted a request for Naproxen, Celebrex, and Cyclobenzaprine. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Naprosyn 500Mg #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 Retrospective Request for Naprosyn 500Mg #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. There was a lack of documentation of efficacy and functional improvement with the use of naproxen. In addition, it was not indicated how long the injured worker had been utilizing this medication. Additionally a retrospective date was not provided. Moreover, the request does not indicate a frequency for the naproxen. Therefore, per the California MTUS Guidelines Naproxen is not medically necessary.

Retrospective Request for Celebrex 200Mg #30: 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 Celebrex Page(s): 30.

Decision rationale: The request for Celebrex 200Mg #30 is not medically necessary. The CA MTUS recognize Celebrex as a nonsteroidal 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 was a lack of documentation and functional improvement with the use of Celebrex. In addition, it is not indicated how long the injured worker had been utilizing the Celebrex. Moreover, a retrospective date was not provided. Furthermore, the request does not indicate a retrospective date. Additionally, the request does not indicate a frequency. Therefore, the request for Celebrex is not medically necessary.

Retrospective Request for Cyclobenzaprine #30: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Retrospective Request for Cyclobenzaprine #30 is not medically necessary. 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. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for acute exacerbations of the low back or muscle spasms. In addition, there was a lack of documentation of efficacy and functional improvement with the use of Cyclobenzaprine. Moreover, the request did not indicate

a retrospective date for the Cyclobenzaprine. Furthermore, the request did not indicate a frequency. Therefore, the request for Cyclobenzaprine is not medically necessary.