

Case Number:	CM14-0026108		
Date Assigned:	06/20/2014	Date of Injury:	02/27/2009
Decision Date:	07/23/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/28/2014

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 American Board of Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 employee is a 57-year-old male injured on February 27, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 3, 2014, indicated that there were ongoing complaints of low back pain radiating to the left arm and left lower extremity. There was no focused physical exam completed. Medications prescribed were OxyContin, Norco, Lyrica, Chlorzoxazone, Celebrex and Ambien. Pain without these medications was stated to be 10/10 and with these medications was reported to be 4/10 on the pain scale. These medications were also stated to help the injured employee work limited hours and take part in social activities. A request had been made for Chlorzoxazone, Celebrex, and Ambien and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHLORZOXAZONE 500 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,.

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

Decision rationale: Chlorzaxone is a muscle relaxant. According to the Chronic Pain Medical Treatment Guidelines, the use of a muscle relaxant is only intended for short term use as well as exacerbations of chronic low back pain. According to the most recent medical record provided on February 3, 2014, when this medication was prescribed, there were no back pain exacerbations mentioned, and there were no muscle spasms noted on physical examination. Therefore, this request for Chlorzaxone is not medically necessary.

CELEBREX 200 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Celebrex is a Cox-2 anti-inflammatory medication. According to Chronic Pain Medical Treatment Guidelines, its use is for those who require the use of an anti-inflammatory medication but have gastrointestinal issues. Celebrex is known to have fewer gastrointestinal side effects. There is no mention in the attached medical record that the injured employee has gastrointestinal problems. Therefore, this request for Celebrex is not medically necessary.

AMBIEN 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Ambien is a medication used for the short term treatment of insomnia. The attached medical record does indicate that there is a diagnosis of insomnia due to a medical condition. However chronic usage of Ambien can lead to functional impairment, depression and tolerance. The injured employee sustained a work-related injury in 2009, and it is not stated how long Ambien has been prescribed for. Therefore, this request for Ambien is not medically necessary.