

Case Number:	CM14-0026676		
Date Assigned:	06/20/2014	Date of Injury:	04/16/1992
Decision Date:	08/13/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 75-year-old female who reported an injury on 04/16/1992. The mechanism of injury was not provided. On 02/04/2014, the injured worker presented with low back pain. Upon examination, clinical scoliosis was noted in the lumbar spine and there was limited range of motion to the lumbar spine, associated with pain. The diagnosis was disc degeneration of the lumbar. Current medications included Celebrex, Dexilant, Flexeril and tramadol. The provider recommended Celebrex, Dexilant, Cyclobenzaprine and tramadol. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG, COUNT 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Celebrex Page(s): 70; 30.

Decision rationale: The request for Celebrex 200 mg with a quantity of 30 is not medically necessary. The California MTUS states that Celebrex is a nonsteroidal anti-inflammatory drug

that is a COX-2 selective inhibitor that directly targets COX-2, an enzyme responsible for inflammation and pain. Like other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when injured workers are being considered for surgical interventions or interventional pain procedures. NSAIDs should be used at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and, in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The guidelines recommend NSAIDs as an option for short-term symptomatic relief. The included documentation did not have enough evidence of a complete and adequate pain assessment for the injured worker. Additionally, the injured worker has been prescribed Celebrex since at least 12/2013. The efficacy of the medication was not provided. The frequency of the medication was not provided in the request as submitted. Therefore, the request is not medically necessary.

DEXILANT 60MG DR, COUNT 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for Dexilant 60 mg DR with a count of 30 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at a moderate to high risk for gastrointestinal events. The included documentation did not have enough evidence of the injured worker being at a moderate to high risk for gastrointestinal events. It did not appear that the injured worker had a history of peptic ulcer, GI bleed or perforation. The injured worker has been prescribed Dexilant since at least 12/2013. The efficacy of the medication was not provided. Additionally, the provider's request for Dexilant does not include the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE 10MG, COUNT 30: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Cyclobenzaprine 10 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that short courses may be better. Treatment should be brief. The request for Cyclobenzaprine 10 mg with a quantity of 30 exceeds the guideline recommendation for short-term therapy. Additionally, the injured worker has been prescribed Cyclobenzaprine since at

least 02/2014. The efficacy of the medication was not provided. The provider's request for Cyclobenzaprine does not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.

TRAMADOL, COUNT 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for tramadol with a count of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The guidelines recommend that ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects should be evident. There was not enough evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the provider's request does not indicate the dose or frequency of the tramadol in the request as submitted. Therefore, the request is not medically necessary.