

Case Number:	CM14-0035830		
Date Assigned:	06/23/2014	Date of Injury:	10/10/2006
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 61-year-old male who was reportedly injured on October 10, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 27, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications included Norco, Gabapentin, Celebrex and Laxacin. The injured worker pain was stated to be 9/10 without medications and 5/10 with medications. These medications were stated to provide decreased pain as well as improved function and allow the injured employee to perform activities of daily living. There had been no known side effects other than constipation, and there was assigned pain management agreement. The physical examination demonstrated tenderness along the lumbar spine with muscle spasms. There was decreased lumbar spine range of motion and a positive left sided straight leg raise at 30 degrees and the right sided straight leg raise at 40 degrees. There were slightly decreased muscle strength with Extensor hallucis longus testing and hypesthesia at the L4 and L5 dermatomes bilaterally. Previous treatment included physical therapy and bilateral L5-S1 epidural steroid injections which stated to provide 60% improvement of symptoms for one year's time. A request had been made for Celebrex, Skelaxin, Soma and a random urine drug screening and was not medically necessary in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg # 30 QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 67.

Decision rationale: The only indication for Cox-2 selective anti-inflammatory medication, such as Celebrex, is to control potential gastrointestinal symptoms. The injured employee does not state that there were any gastrointestinal symptoms necessitating the use of Celebrex. This request for Celebrex is not medically necessary.

Skelaxin 800 mg QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63.

Decision rationale: Muscle relaxants are a second line option for short term treatment of acute exacerbations of low back pain. There had been no noted efficacy of this medication in the past in the attached medical record and no documentation of episodic acute exacerbations. This request for Skelaxin is not medically necessary.

Soma 350 mg QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63.

Decision rationale: Soma is also a muscle relaxant and as with Skelaxin is only recommended as a second line option for short term treatment of acute exacerbations of low back pain. There had been no noted efficacy of this medication in the past in the attached medical record and no documentation of episodic acute exacerbations. This request for Soma is not medically necessary.

Random urine drug screen 4 times a year QTY: 4.00: 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78.

Decision rationale: According to the medical records provided, the injured employee's opioid usage appears to be closely monitored. There was assigned pain agreement and no indication of abuse or aberrant behavior. Without these indications, there was no justification for random urine drug screening. This request for a random urine drug screen four times per year is not medically necessary.