

Case Number:	CM14-0044148		
Date Assigned:	06/20/2014	Date of Injury:	06/30/2004
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 Internal Medicine 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 has a lumbar back condition. The date of injury was 06-30-2004. An Orthopedic re-evaluation report 07-16-2009 by the treating physician documented a diagnosis of multilevel lumbar spinal stenosis, with lumbar radiculopathy. The objective findings included lumbar tenderness with limitation of the lumbar spine motion, an MRI showing multilevel severe stenosis; electromyography/nerve conduction study (EMG/NCS) consistent with multilevel lumbar radiculopathy. The injured worker medications were Norco, Celebrex 200 mg, Soma 350 mg. The primary treating physician's progress report (PR-2) dated 01-08-2014 documented medications Norco 10/325 mg, Soma 350 mg, Celebrex 200 mg. The medication improved the injured worker's conditions. There were no musculoskeletal physical examination was documented. The PR-2 progress report 03-12-2014 documented the injured worker medication Soma showed no flareups, no muscle spasms since taking Soma, Celebrex reduced pain, an made it easier to walk further and stand longer with no side effects. The objective findings were pain in lower lumbar spine and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records document that the injured worker was using Soma on 07-16-2009 and 01-08-2014. The injured worker has used Soma long-term. The MTUS guidelines state that Soma is not indicated for long-term use. The MTUS guidelines states that Soma is not recommended. Therefore, the request for Soma 350mg #90 is not medically necessary.

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific drug list & adverse effects, Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs, specific drug list & adverse effects Page(s): 22, 30, 70.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of gastrointestinal (GI) complications. The FDA prescribing information for Celebrex (Celecoxib) reports indications and usage, which states Celebrex is indicated for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, ankylosing spondylitis, primary dysmenorrhea, and acute pain; to use the lowest effective dose for the shortest duration. The medical records indicate the use of Celebrex for a long duration. The FDA guidelines recommend the use of Celebrex for the shortest duration. The medical records do not document a risk of GI complications. The MTUS and the FDA guidelines do not support the use of Celebrex. Therefore, the request for Celebrex 200 mg is not medically necessary.