

<b>Case Number:</b>	CM14-0044168		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/08/2000
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 worker is a 48-year-old male who was reportedly injured on December 8, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 7, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness and spasms of the lumbar spine. There was a positive straight leg raise test. Medications prescribed include Flexeril, Toradol and Celebrex. An orthopedic evaluation was also recommended. Diagnostic imaging studies were not reviewed during this visit. A request had been made for Celebrex and Flexeril and was not certified in the pre-authorization process on April 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, with 2 refills (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines support the use of Celebrex, in select clinical settings of acute pain and in conditions for which non-steroidal

anti-inflammatory drugs are recommended when the injured worker has a risk of gastrointestinal complications. The medical record provided clinical data to support a diagnosis of chronic pain; however, there was no documentation in the record of gastritis or any other risk factor. In the absence of documentation of risk factors to identify the claimant to be at high risk, the use of this medication in the setting of chronic pain would not be supported by the guidelines. Therefore, this request for Celebrex is not medically necessary.

**Flexeril #30 with 2 refills (unspecified quantity):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does have spasms of the lumbar spine muscles. Therefore, this request for Flexeril is medically necessary.