

Case Number:	CM14-0050213		
Date Assigned:	07/07/2014	Date of Injury:	02/05/2013
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventive 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:

According to the records made available for review, this is a 58-year-old female with a 2/5/13 date of injury. At the time (2/25/14) of request for authorization for Celebrex 200mg QTY: 90.00 and Flexeril 10mg QTY: 90.00, there is documentation of subjective (low back pain with occasional bilateral lower extremity numbness with prolonged sitting, back pain is feeling better overall with decreased pain, and an increase in muscle spasms that occur mainly at night) and objective (5/5 bilateral lower extremity strength, sensation intact and equal, deep tendon reflexes +2 and symmetric, sciatic notches painful to palpation bilaterally, Patrick's sign and Gaenselen's maneuver positive bilaterally, tenderness over paraspinals with related muscle spasms and myofascial restrictions, and increased pain with flexion and extension) findings, current diagnoses (low back pain, lumbar spondylosis, grade I spondylolisthesis at L4-5, spinal stenosis at L4-5, lumbar facet arthropathy on MRI, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Celebrex and Flexeril since at least 7/8/13 with ability to perform basic activities of daily living and household functional mobility with medications)). Regarding Celebrex, there is no documentation of high-risk of GI complications with NSAIDs. Regarding Flexeril, there is no documentation of acute muscle spasm and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar spondylosis, grade I spondylolisthesis at L4-5, spinal stenosis at L4-5, lumbar facet arthropathy on MRI, and chronic pain syndrome. In addition, given documentation of ability to perform basic activities of daily living and household functional mobility with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Celebrex use to date. However, there is no documentation of high-risk of GI complications with NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200mg QTY: 90.00 is not medically necessary.

Flexeril 10mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar spondylosis, grade I spondylolisthesis at L4-5, spinal stenosis at L4-5, lumbar facet arthropathy on MRI, and chronic pain syndrome. In addition, given documentation of ability to perform basic activities of daily living and household functional mobility with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Flexeril use to date. Furthermore, there is documentation of muscle spasms. However,

given documentation of a 2/5/13 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 7/8/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg QTY: 90.00 is not medically necessary.