

Case Number:	CM14-0166686		
Date Assigned:	10/13/2014	Date of Injury:	02/28/2013
Decision Date:	07/28/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 54 year old male who sustained an industrial injury on 02/28/13. Initial complaints include injuries to the neck, left shoulder, chest, low back and left hip. Initial diagnoses include contusion of multiple sites and multiple strains. Treatments to date include medications and home exercise program. Diagnostic studies include electrodiagnostic studies and MRIs of the cervical and lumbar spine, which are not available for review in the submitted documentation. Current complaints include low back, neck, bilateral shoulder pain, as well as headache. Current diagnoses include chronic low back, neck, and leg pain; multiple level degenerative disease, neuroforaminal narrowing, and cervical and lumbar spondylosis, myofascial pain/spasm, and poor sleep hygiene. In a progress note dated 07/07/14 the treating provider reports the plan of care as medications including Nucynta, flexeril, Cialis, Celebrex, Prilosec, and Voltaren gel;, home exercise program, right IL4-5 transforaminal injection, total and free Testosterone level, and right L3-5 medial branch block. The requested treatments include flexeril, Celebrex, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervicgia; lumbosacral spondylosis without myelopathy; spasm of muscle; lumbago; degenerative lumbar/lumbosacral intervertebral disc; unspecified neuralgia/radiculitis NOS; unspecified fasciitis; unspecified myalgia and myositis; cervical spondylosis with myelopathy; and graphics/lumbosacral radiculitis unspecified. The date of injury is February 28, 2013. The earliest progress of the medical record containing a prescription for Flexeril 10 mg is dated April 16, 2014. The start date is unspecified in the medical records available for review. Subjectively, the injured worker had low back pain with radiation to the bilateral lower extremities. Pain was 8/10. The request for authorization was dated September 25, 2014. The most recent progress note in the medical record is dated July 7, 2014. There was no contemporaneous clinical documentation on or about the date of request for authorization. According to the July 7, 2014 progress notes the injured worker is still taking Flexeril 10 mg. There is no documentation of acute low back pain on exacerbation of chronic low back pain. Additionally, the injured worker exceeded the recommended guidelines for short-term (less than two weeks) use by continuing, at a minimum, Flexeril 10 mg in excess of three months. Based on the cynical information in the medical record and the peer-reviewed evidence-based guidelines, Flexeril 10mg #90 is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX - 2 nonsteroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use nonselective nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the

injured worker's working diagnoses are cervicalgia; lumbosacral spondylosis without myelopathy; spasm of muscle; lumbago; degenerative lumbar/lumbosacral intervertebral disc; unspecified neuralgia/radiculitis NOS; unspecified fasciitis; unspecified myalgia and myositis; cervical spondylosis with myelopathy; and graphics/lumbosacral radiculitis unspecified. The date of injury is February 28, 2013. The earliest progress of the medical record containing a prescription for Celebrex 200mg is dated April 16, 2014. The start date is unspecified in the medical records available for review. Subjectively, the injured worker had low back pain with radiation to the bilateral lower extremities. Pain was 8/10. The request for authorization was dated September 25, 2014. The most recent progress note in the medical record is dated July 7, 2014. There was no contemporaneous clinical documentation on or about the date of request for authorization. There is no empirical rationale for Celebrex in lieu of other first-line nonsteroidal anti-inflammatory drugs. There were no risk factors for gastrointestinal events and no cardiovascular disease. There was no documentation demonstrating objective functional improvement with ongoing Celebrex. Consequently, absent clinical documentation with a contemporary progress note on or about the date of request for authorization, a clinical rationale/indication for Celebrex use, documentation evidencing objective functional improvement, Celebrex 200 mg #60 is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervicalgia; lumbosacral spondylosis without myelopathy; spasm of muscle; lumbago; degenerative lumbar/lumbosacral intervertebral disc; unspecified neuralgia/radiculitis NOS; unspecified fasciitis; unspecified myalgia and myositis; cervical spondylosis with myelopathy; and graphics/lumbosacral radiculitis unspecified. The date of injury is February 28, 2013. The earliest progress of the medical record containing a prescription for Prilosec 20mg is dated April 16, 2014. The start date is unspecified in the medical records available for review. Subjectively, the injured worker had low back pain with radiation to the bilateral lower extremities. Pain was 8/10. The request for authorization was dated September 25, 2014. The most recent progress note in the medical record is dated July 7, 2014. There was no contemporaneous clinical documentation on or about the date of request for authorization. There was no documentation indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There were no additional comorbid

conditions or past medical history placing the injured worker at risk for gastrointestinal events. There was no clinical rationale for a proton pump inhibitor in the medical record. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Prilosec 20 mg #30 is not medically necessary.