

<b>Case Number:</b>	CM14-0205652		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/16/1999
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. The expert reviewer is Board Certified in Emergency 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 is a 66 year-old female who sustained an injury on December 16, 1999. The mechanism of injury is not noted. Diagnostics have included: October 28, 2014 lumbar MRI reported as showing multi-level degenerative changes. Treatments have included: physical therapy, medications. The current diagnoses are: lumbar strain,/sprain, radiculitis. The stated purpose of the request for Celebrex 200mg 1-2 tabs qd #45 was to for pain. The request for Celebrex 200mg 1-2 tabs qd #45 was denied on November 14, 2014, citing a lack of documentation of proper dosage. The stated purpose of the request for Tizanidine 2mg bid #60 was for muscle spasms. The request for Tizanidine 2mg bid #60 was denied on November 14, 2014, citing a lack of documentation of spasms on exam. Per the report dated October 24, 2014 the treating physician noted complaints of low back and right foot pain. Exam showed lumbar tenderness and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg 1-2 tabs qd #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Celebrex 200mg 1-2 tabs qd #45 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has low back and right foot pain. The treating physician has documented lumbar tenderness and limited range of motion. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, duration of treatment, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg 1-2 tabs qd #45 is not medically necessary.

**Tizanidine 2mg bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested Tizanidine 2mg bid #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back and right foot pain. The treating physician has documented lumbar tenderness and limited range of motion. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 2mg bid #60 is not medically necessary.