

<b>Case Number:</b>	CM15-0135882		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male who sustained an industrial injury on 12/22/14. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and trigger injections. Diagnostic studies include x-rays and a MRI of the lumbar spine. Current complaints include low back pain. Current diagnoses include lumbar sprain/strain with radiculitis. In a progress note dated 06/02/15 the treating provider reports the plan of care as physical therapy, as well as medications including Celebrex and Fexmid. The requested treatments include physical therapy to the lumbar and thoracic spine, and medications including Celebrex and Fexmid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 and 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in December 2014 and continues to be treated for low back pain. When seen, he had attended 20 physical therapy treatment sessions. There was decreased lumbar range of motion with spasms. There was positive straight leg raising and decreased lower extremity strength and sensation with lower extremity paresthesias were present. The claimant has a history of hypertension. Medications have included ibuprofen. When Naprosyn was prescribed, Prilosec was prescribed for gastrointestinal prophylaxis. Review of systems has been negative for gastrointestinal problems. Fexmid 7.5 mg every 8 hours as needed #90 was prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib), over a non-selective medication. Therefore, the requested treatment is not medically necessary.

**Fexmid 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in December 2014 and continues to be treated for low back pain. When seen, he had attended 20 physical therapy treatment sessions. There was decreased lumbar range of motion with spasms. There was positive straight leg raising and decreased lower extremity strength and sensation with lower extremity paresthesias were present. The claimant has a history of hypertension. Medications have included ibuprofen. When Naprosyn was prescribed, Prilosec was prescribed for gastrointestinal prophylaxis. Review of systems has been negative for gastrointestinal problems. Fexmid 7.5 mg every 8 hours as needed #90 was prescribed. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy short-term use only of 2-3 weeks is recommended and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and a 30 day supply of medication was prescribed. Fexmid was not medically necessary.

**Physical therapy 2xwk x 4 wks lumbar spine, thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in December 2014 and continues to be treated for low back pain. When seen, he had attended 20 physical therapy treatment sessions. There was decreased lumbar range of motion with spasms. There was positive straight leg raising and decreased lower extremity strength and sensation with lower extremity paresthesias were present. The claimant has a history of hypertension. Medications have included ibuprofen. When Naprosyn was prescribed, Prilosec was prescribed for gastrointestinal prophylaxis. Review of systems has been negative for gastrointestinal problems. Fexmid 7.5 mg every 8 hours as needed #90 was prescribed. The claimant is being treated for chronic pain with no new injury and has already had physical therapy well in excess of that recommended for his condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.