

Case Number:	CM15-0190534		
Date Assigned:	10/02/2015	Date of Injury:	10/03/2013
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female who sustained an industrial injury on October 03, 2013. A doctor's first report of illness dated August 24, 2015 reported "constant left ankle pain, radiating down into left toes." There is request to undergo MRI of left ankle under the diagnoses of left ankle strain and sprain suspicious for tear of anterolofibula ligament, ankle joint impingement, talar osteochondral defect. The worker is noted currently taking Tramadol 37.5 mg 325mg. Primary follow up dated April 06, 2015 reported "no improvement since last visit." She states "her lower back has a burning sensation that radiates down into her right leg." "The pain in her right hip is extremely sharp pain." She even states "having numbness under her glute on right side." Current medications noted: Flexeril, and Celebrex. There is note of "patient having had "significant relief after right sacroiliac injection that lasted for one month and the pain gradually came back." The documents showed on January 20, 2015 the sacroiliac injection administered. The plan of care noted: adding Tramadol, Lidoderm patches to the current Celebrex, and Flexeril. Previous treatment to involve: activity modification, medications, physical therapy, injections. On August 24, 2015 a request was made for Celebrex 200mg #30, and Flexeril 10mg #60 which were noncertified by Utilization Review on August 31, 2105.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2013 injury nor have they demonstrated any functional efficacy in terms of improved work or functional status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Celebrex 200mg #30 is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2013 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Flexeril 10mg #60 is not medically necessary.