

Case Number:	CM15-0192903		
Date Assigned:	10/06/2015	Date of Injury:	04/21/2011
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 36 year old female, who sustained an industrial injury on 4-21-11. The injured worker was diagnosed as having chronic pain; hip joint inflammation; lumbar disc disease. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 8-27-15 indicated the injured worker presented to the office as a follow-up visit. The provider documents "She has a court hearing about a month ago; however, during the court hearing the fire alarm went off and the patient has to go down 12 flights of stairs. She was in severe pain for the next few days after that incident happened with left knee swelling as well as low back pain. In the meantime, she continues to have low back pain and left leg pain, especially numbness from the back into the top of the knee mostly when driving and she does not have any recent imaging of the low back. She continues to have spasm and stiffness." Objective findings are notes as "The patient has tenderness along the lumbar paraspinal muscles, pain along the facets and pain with facet loading. On the left, the patient has positive straight leg raise at 45 degrees and negative on the right and again along the facets at L3 through S1 more on the left side. The medical documentation submitted does not indicate the initial date these two medications were prescribed but the injured worker has been on them in the course of treatment for 2015. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-8-15 and non-certification for Flexeril 7.5mg #50 and Celebrex 200mg #30 (8-27-15). A request for authorization has been received for Flexeril 7.5mg #50 and Celebrex 200mg #30 (8-27-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Flexeril 7.5mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having used NSAIDs chronically leading up to this request for Celebrex. However, there was no indication listed in the recent notes to suggest the Celebrex was necessary over alternative NSAIDs such as ibuprofen or naproxen. Therefore, this request for Celebrex, in the opinion of this reviewer, is not medically necessary.

MED Celebrex 200mg #30 (8/27/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. Also, long-term use of NSAIDs are not indicated or recommended for the diagnoses listed due to significant side effect risk. Therefore, this request for Celebrex 200mg #30 is not medically necessary.