MAXIMUS Federal Services

Case Number:	CM15-0198127		
Date Assigned:	10/13/2015	Date of Injury:	09/16/2005
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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: Emergency 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:

This injured worker is a 51 year old male, who sustained an industrial injury on 09-16-2005. The injured worker was diagnosed as having lumbar radiculopathy, lumbar-lumbosac disc degen and lumbosacral spondylosis. On medical records dated 08-31-2015 and 06-04-2015, the subjective complaints were noted as chronic pain, low back pain, and disruption of sleep architecture secondary to pain, right radicular pain and spasticity. Objective findings were noted as decreased range of motion for flexion and extension. Paraspinous muscle tenderness without spasms. Treatments to date include medication and lumbar facet injections. Medial branch blocks bilateral L3, L4 and L5. Current medications were listed as Celebrex and Lunesta on 08-31-2015 and on 06-04-2015 Celebrex, Cyclobenzaprine, hydrocodone-acetaminophen, Lunesta and Nortriptyline. The Utilization Review (UR) was dated 09-15-2015 a request for Celebrex 200mg #90 and Cyclobenzaprine 10mg #180. The UR submitted for this medical review indicated that the request for Celebrex 200mg #90 and Cyclobenzaprine 10mg #180 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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

Decision rationale: The requested Celebrex 200 MG Qty 90 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 chronic pain, low back pain, and disruption of sleep architecture secondary to pain, right radicular pain and spasticity. Objective findings were noted as decreased range of motion for flexion and extension. Paraspinous muscle tenderness without spasms. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200 MG Qty 90 is not medically necessary.

Cyclobenzaprine 10 MG #180: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine 10 MG #180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic pain, low back pain, and disruption of sleep architecture secondary to pain, right radicular pain and spasticity. Objective findings were noted as decreased range of motion for flexion and extension. Paraspinous muscle tenderness without spasms. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 10 MG #180 is not medically necessary.