

Case Number:	CM15-0199141		
Date Assigned:	10/14/2015	Date of Injury:	06/01/2006
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female sustained an industrial injury on 6-1-06. Documentation indicated that the injured worker was receiving treatment for chronic neck, low back and shoulder pain with chronic myofascial pain. Previous treatment included massage, chiropractic therapy and medications. In a PR-2 dated 5-21-15, the injured worker presented for further evaluation of neck, low back, thoracic and shoulder pain. The injured worker reported that Naproxen Sodium decreased her pain significantly and allowed her to remain functional and continue working. The injured worker used Zanaflex for relief of muscle spasms. The physician noted that Zanaflex had been denied by insurance. The treatment plan included continuing Naproxen Sodium and initiating Flexeril. In a PR-2 dated 9-16-15, the injured worker presented for further evaluation of neck, low back and shoulder pain. The physician stated that the injured worker continued to do well with prescribed medications although the injured worker stated that she did not believe Naproxen Sodium was helping the upper extremities as well as it had in the past. Motrin taken in the past had caused stomach upset. Physical exam was remarkable for tenderness to palpation over the cervical spine paraspinal musculature and upper trapezius bilaterally, "some" tenderness in the low back and pain with flexion and extension. The treatment plan included a trial of Celebrex in place of Naproxen Sodium and a prescription for Flexeril. On 10-2-15, Utilization Review non-certified a request for Celebrex 200mg #30 and Flexeril 10mg #10mg #30.

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, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on 6-1-06. The medical records provided indicate the diagnosis of chronic neck, low back and shoulder pain with chronic myofascial pain. Previous treatment included massage, chiropractic therapy and medications. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg, #30. Celebrex is a COX-2 inhibitor NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the short treatment of moderate to severe pain. NSAIDs are intended for acute use only due to the risk of hypertension, renal failure, delayed healing. Also, the MTUS states that no one NSAID is more efficacious than the other. The medical records indicate the injured worker has been using NSAIDs at least since 01/19/2014, but because the effects of Naproxen appear to be waning Celebrex was used in replacing it as the injured worker has stomach upset with Motrin. The requested treatment is not medically necessary due to the chronic use of NSAIDs rather than acute usage; also, because no NSAID is better than the other in terms of efficacy.

Flexeril 10mg, #30: 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 injured worker sustained a work related injury on 6-1-06. The medical records provided indicate the diagnosis of chronic neck, low back and shoulder pain with chronic myofascial pain. Previous treatment included massage, chiropractic therapy and medications. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg, #30. Flexeril (Cyclobenzaprine) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. The medical records indicate the injured worker has been using Zanaflex, a muscle relaxation, at least since 11/2014; therefore, the requested treatment is not medically necessary due to the long use of muscle relaxants outside the short-term use recommended for acute exacerbation of low back pain.