MAXIMUS Federal Services

Case Number:	CM15-0021482		
Date Assigned:	02/11/2015	Date of Injury:	04/10/2012
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona
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 47-year-old female who reported an injury on 04/10/2012. She had been diagnosed with displacement of the thoracic or lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified and other chronic pain. Previous treatments included a lumbar epidural steroid injection at the left L4 and S1 on 02/07/2014, which provided her with 50% to 20% overall improvement. Additionally, she had undergone chiropractic therapy and anti-seizure class, as well as use of NSAIDs and pain medications, which were helpful at about 70% improvement. The injured worker was seen on 01/05/2015. She complained of neck and low back pain, as well as lower extremity pain aggravated by activity and rated as a 7/10 with medications and a 9/10 without. At the time, she had been temazepam for insomnia for approximately 1 year with the indication that Flexeril had been recently prescribed for treatment of muscle spasms and musculoskeletal pain. She was also utilizing Celebrex at 200 mg 1 capsule daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: On the most recent clinical documentation, although the injured worker was cited as having tenderness to palpation on the paravertebral of the lumbar spine, there was no indication that the prior use of the Cyclobenzaprine had been effective in reducing the musculoskeletal symptoms. Her most recent pain score was rated as a 7/10 in intensity with use of medications, which was only slightly decreased from the 9/10 without. The California MTUS Guidelines do not recommend long term use of Cyclobenzaprine as the effectiveness is short lived and it is commonly recommended for only up to 2 weeks. Therefore, without having any significant evidence that the prior use of the Cyclobenzaprine had been sufficient in reducing the injured worker's discomfort, ongoing use cannot be supported at this time. As such, the medical necessity has not been established.

Celebrex 200mg, quantity: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: Under the California MTUS Guidelines, this medication is considered appropriate for patients at risk for GI complications. NSAIDs, in general, are to be used with caution for long term use as they can cause side effects to include increased blood pressure. There was no documentation of the injured worker having had her vital signs at the most recent office visit to confirm that the prior use of the Celebrex had not caused any adverse events. Additionally, it was noted that her prior use of medications had not significantly reduced her overall pain level to warrant ongoing use of the Celebrex. As such, the medical necessity has not been established.

Temazepam 30mg, quantity: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, long term use of benzodiazepines is not recommended. In the case of this injured worker, there was no indication

that the prior use of the Temazepam had been sufficient in reducing her overall symptoms. Therefore, ongoing use cannot be supported. The medical necessity has not been established.