MAXIMUS Federal Services

Case Number:	CM15-0214402		
Date Assigned:	11/04/2015	Date of Injury:	06/14/2014
Decision Date:	12/23/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/30/2015

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: Pennsylvania, Ohio, 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:

This is a 49 year old male with a date of injury of June 14, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain, right leg pain, degenerative disc disease, lumbar spondylosis, thoracolumbar pain rule out fracture, myofascial pain and spasm, and general deconditioning. Medical records dated August 4, 2015 indicate that the injured worker complained of mid back pain, lower back pain, and right leg pain. Records also indicate that the injured worker reported the pain was rated at a level of 7 out of 10 on average. A progress note dated September 29, 2015 documented complaints similar to those reported on August 4, 2015. Records also indicate that the injured worker reported about five days of relief following lumbar facet block on September 2, 2015. Per the treating physician (August 19, 2015), the employee was not working. The physical exam dated August 4, 2015 reveals decreased range of motion of the lumbar spine, and myofascial pain and spasm. The progress note dated September 29, 2015 documented a physical examination that showed no changes since the examination performed on August 4, 2015. Treatment has included medications (Celebrex since April of 2015; Lorzone since June of 2015; Cymbalta), lumbar facet block, and lumbar epidural steroid injection. The treating physician documented that the urine drug screen dated February 5, 2015 showed results consistent with the injured worker's prescribed medications. The utilization review (October 8, 2015) non-certified a request for Celebrex 200mg #60 and Lorzone 375mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg twice daily quantity 60: Overturned

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): Anti-inflammatory medications.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records indicate this patient previously did not tolerate Naprosyn due to GI upset; MTUS supports Celebrex in this situation. A prior physician review states that the physician agreed to withdraw the Celebrex request and instead request Naprosyn/Omeprazole; however, Celebrex would also be an appropriate clinical treatment in this situation and the original request for Celebrex has now been appealed. This request is medically necessary.

Lorzone 375mg, one tablet twice daily as needed quantity 60: 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: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This class of medications is not recommended for chronic use. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.