MAXIMUS Federal Services

Case Number:	CM15-0030851		
Date Assigned:	02/24/2015	Date of Injury:	06/01/2009
Decision Date:	04/09/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 55 year old female, who sustained an industrial injury reported on 6/1/2009. She has reported, on 12/8/2014, that she was working full time and experiencing frequent flare-ups of swelling in his hands and spasms in the neck muscles. Diagnoses have included radial styloid tenosynovitis; and sprains/strains of the wrist. Treatments to date have included consultations; diagnostic imaging studies; 8 sessions of active therapy; chiropractic treatments; vinyasa yoga twice a day; paraffin wax; soft right wrist orthosis and soft compression right elbow brace; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary and having met maximum medical improvement. The PR-2 of 12/18/2014 notes the IW to be off work until 12/29/2014 due to severe flare-up not responding to pain medication. On 1/21/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 12/8/2014, for Celebrex 200mg, #30 with 2 refills - to no refills; and Flexeril 5mg, #30 with 1 refill - to no refills. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, COX-2 non-steroidal anti-inflammatory drug, chronic pain, muscle relaxant Flexeril, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with neck, bilateral wrist, right elbow, and right shoulder pain. The treater is requesting CELEBREX 200 MG QUANTITY 30 WITH TWO REFILLS. The RFA from 02/19/2015 shows a request for Celebrex 200 mg take one tab PO QD PRN 30 tabs per month. The patient's date of injury is from 06/01/2009 and she is currently on modified duty. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Celebrex since 2001. None of the reports from 07/17/2014 to 02/19/2015 note medication efficacy as it relates to the use of Celebrex. In this case, given the lack of functional improvement while utilizing Celebrex, the request IS NOT necessary.

Flexeril 5mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck, bilateral wrist, right elbow, and right shoulder pain. The treater is requesting FLEXERIL 5 MG QUANTITY 30 WITH ONE REFILL. The RFA from 02/19/2015 shows a request for Flexeril 5mg take 1 tan PO QHS 30 tab/month. The patient's date of injury is from 06/01/2009 and she is currently on modified duty. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants - amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Flexeril on 07/07/2014. The long-term use of Flexeril is not supported by the MTUS guidelines. The request IS NOT medically necessary.