

Case Number:	CM15-0059997		
Date Assigned:	07/23/2015	Date of Injury:	12/10/1997
Decision Date:	08/10/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old male who sustained an industrial injury on 12/10/97. Initial complaints and diagnoses are not available. Treatments to date include medications, and leg braces, supportive care, heat, stretching, and physical therapy. Diagnostic studies are not addressed. Current complaints include low back and sciatic pain. In a progress note dated 03/10/15, the treating provider reports the plan of care as medications including Celebrex, econazole cream, and flexeril. The requested treatments include Celebrex and flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg tablet 1 by mouth 3 times every day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in 1997 and continues to be treated for low back and sciatic pain. He was having intermittent mid back muscle spasms. He was using a leg brace and reported as being approximately 60% effective. Physical examination findings included a BMI of over 29. Medications were refilled. Flexeril was being prescribed, to be taken three times per day. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity and dosing are consistent with ongoing long term use and was not medically necessary.

Retrospective Celebrex 200mg DOS: 2/23/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, (2) NSAIDs, specific drug list & adverse effects Page(s): 68, 70.

Decision rationale: The claimant has a remote history of a work injury occurring in 1997 and continues to be treated for low back and sciatic pain. He was having intermittent mid back muscle spasms. He was using a leg brace and reported as being approximately 60% effective. Physical examination findings included a BMI of over 29. Medications were refilled. Flexeril was being prescribed, to be taken three times per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain and radicular pain syndromes. The claimant is being treated for both of these diagnoses. In this case, the claimant is over age 65 and guidelines recommend prescribing a selective COX-2 medication such as Celebrex. The usual maximum dose is 200 mg per day, which is what is being requested. Celebrex was medically necessary.