

<b>Case Number:</b>	CM14-0141624		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51-year-old male who reported an injury on 09/26/2013 due to an unknown mechanism. Diagnoses were multilevel lumbar spondylosis; musculoligamentous sprain/strain, lumbar spine; multilevel disc bulges. The injured worker had a physical examination on 07/21/2014 with reports of a pain scale at a 6/10 with medications, and 9/10 without. It was reported he continued to have spasms in the low back which were improved with Norflex. Physical therapy had been authorized and the injured worker was to start tomorrow. It was reported the injured worker was doing a home exercise program. Examination revealed straight leg raise and bowstring were negative bilaterally. Lumbar spine range of motion was decreased 30 percent. MRI of the lumbar spine revealed multilevel discogenic changes involving every level in the lumbar spine. Medications reported were Norflex. Treatment plan was for physical therapy and refill medications. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

**Decision rationale:** The decision for Celebrex 200 mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule guidelines indicate that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, that long term use may not be warranted. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical documentation submitted for review does not provide evidence to warrant the continuation of this medication. Therefore, this request is not medically necessary.

**Flexeril 10 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

**Decision rationale:** The decision for Flexeril 10 mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical documentation submitted for review provides evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.