

Case Number:	CM14-0094532		
Date Assigned:	09/22/2014	Date of Injury:	02/15/2012
Decision Date:	10/21/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 51-year-old male with a 2/15/12 date of injury. At the time (4/24/14) of request for authorization for Retro Celebrex 200mg Qty 60 and Retro Lorzone 750mg Qty 60, there is documentation of subjective (low back and bilateral hip pain) and objective (pain on lumbar extension) findings, current diagnoses (lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, lumbago, lumbosacral neuritis/radiculitis, and spasm of muscle), and treatment to date (medications (including ongoing treatment with Nucynta and Celebrex since at least 2/27/14 and Lorzone since at least 4/24/14). Medical report identifies that medications help control pain. Regarding Celebrex, there is no documentation of high-risk of GI complications with NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Regarding Lorzone, there is no documentation of short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro celebrex 200mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, lumbago, lumbosacral neuritis/radiculitis, and spasm of muscle. In addition, there is documentation of ongoing treatment with Celebrex. However, there is no documentation of high-risk of GI complications with NSAIDs. In addition, despite documentation that Celebrex helps control pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Retro Celebrex 200mg Qty 60 is not medically necessary.

Retro Lorzone 750mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, lumbago, lumbosacral neuritis/radiculitis, and spasm of muscle. In addition, given documentation of ongoing treatment with opioids, there is documentation of Lorzone used as a second line agent. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given documentation of Lorzone use since at least 4/27/14, and the requested Retro Lorzone 750mg Qty 60, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Retro Lorzone 750mg Qty 60 is not medically necessary.

