

Case Number:	CM14-0214785		
Date Assigned:	01/07/2015	Date of Injury:	03/12/2007
Decision Date:	02/20/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

64 yr. old male claimant sustained a work injury on 3/12/07 involving the low back. He was diagnosed with lumbar disk disease with radiculopathy and underwent 4 spine surgeries. He had been on opioids such as Tramadol and NSAIDs including Anaprox for pain for several months. A progress note on 11/11/14 indicated the claimant had tenderness to palpation over the paralumbar musculature, and radicular symptoms in the lower extremities. The physician requested Celebrex for pain and Fexmid for spasms. The claimant had been on Celebrex previously after his surgeries and the physician had requested to use Celebrex since at least May 2014 due to GI upset on NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI bleeding or an abnormal abdominal exam. There is no evidence of failure to control pain with either Tylenol or Anaprox. The request for Celebrex is not medically necessary.

Fexmid 7.5mg quantity 60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The use of Fexmid for a month in combination with an NSAID is not medically necessary.