

Case Number:	CM15-0014290		
Date Assigned:	02/02/2015	Date of Injury:	05/03/2002
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 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 70-year-old female who reported an injury on 05/03/2002. The mechanism of injury was not specifically stated. The current diagnosis is lumbar disc displacement. The injured worker presented on 01/08/2015 with complaints of persistent low back pain. The injured worker also reported radiating pain into the bilateral extremities with numbness, tingling, and weakness. Previous conservative treatment includes physical therapy, TENS therapy, trigger point injections, lumbar epidural steroid injections, and medication management. The injured worker was not interested in an intrathecal pump implantation or acupuncture treatment. The current medication regimen includes gabapentin 600 mg, Celebrex 200 mg, tizanidine 4 mg, Savella 50 mg, Senna 8.6 mg, Roxicodone 15 mg, and Lidoderm patch 5%. Upon examination, there was limited lumbar range of motion with increased pain, muscle guarding, tenderness to palpation along the lumbar spine, severe muscle tension along paraspinal muscles, paraspinal swelling, 5/5 motor strength, diminished sensation over the left L5-S1 dermatome, positive straight leg raising at 60 degrees, and significant muscle guarding with multiple trigger points in the paraspinal lumbar muscles extending across L1 through S1. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines do not recommend long term use of NSAIDs. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. In this case, the injured worker does not maintain any of the above mentioned diagnoses. The injured worker has continuously utilized the above medications since at least 07/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Tizanidine 4mg #30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 07/2014. Despite ongoing use of this medication, the injured worker continues to present with muscle guarding restricted range of motion, severe muscle tension, tenderness to palpation, and multiple trigger points. There is no documentation of objective functional improvement. Guidelines do not recommend long term use of muscle relaxants. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.