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| Case Number: | CM15-0115570 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 09/17/1997 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: Florida
 Certification(s)/Specialty: Neurology, 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 50 year old female, who sustained an industrial/work injury on 9/17/97. She reported initial complaints of low back pain. The injured worker was diagnosed as having chronic pain syndrome and chronic S1 joint pain. Treatment to date has included medication, bilateral S1 joint injections on 7/28/14, and diagnostics. Currently, the injured worker complains of low back pain associated with pain in both buttocks that was described as burning and stabbing and rated 10/10 without medication and 9/10 with medication. There was also depression, anxiety and insomnia. Per the primary physician's progress report (PR-2) on 6/3/15, there is tenderness over the bilateral sacroiliac joints, positive Gaenslen's test bilaterally, positive Gillet's test bilaterally, positive Faber's test bilaterally, and adequate reflexes and motor strength. Ambulation was without an assistive device. The requested treatments include Celebrex 200mg and Baclofen 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID or indicate a condition of GERD or side effects related to NSAID use in support of a cox2 selective NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type if there is documented failure of first line therapy of acetaminophen. As such the medical records provided for review do not support the use of celebrex. The request is not medically necessary.

Baclofen 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The medical records provided for review do not support that there is muscle spasm for which baclofen is supported to treat. MTUS supports that It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). Therefore the request for Baclofen 20mg #120 is not medically necessary.