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| Case Number: | CM15-0079739 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 08/07/2009 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46-year-old female, with a reported date of injury of 08/07/2009. The diagnoses include cervical facet syndrome, cervical pain, spasm of the muscle, and chronic cervical strain. Treatments to date have included Celebrex, Cyclobenzaprine, acupuncture, an MRI of the cervical spine, electrodiagnostic studies, x-rays of the cervical spine, Naprosyn, Lidoderm patch, Ibuprofen, physical therapy, and spinal injections. The progress report dated 02/12/2015 indicates that the injured worker complained of neck pain with radiation into the upper right back. She rated her pain 5 out of 10 with medications, and 9 out of 10 without medications. Since the last visit, her quality of life remained the same, and her activity level remained the same. The objective findings include a normal gait, no cervical lordosis or abnormal curvature, restricted cervical range of motion with pain, tenderness and trigger point noted on both cervical paravertebral muscles, spinous process tenderness noted on C4, C5, and C6, and tenderness at the paracervical muscle and trapezius. The treating physician requested cyclobenzaprine 10mg #30, with one refill and Celebrex 200mg #30, with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The patient has been on this medication long term since Feb 2013. Given this, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Celebrex 200mg quantity 30 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is documentation that the patient had failed naproxen in the past. There is documentation of continued pain reduction with the use of medication. Therefore although long term use is not ideal, the currently requested Celebrex is medically necessary.