

Case Number:	CM14-0155866		
Date Assigned:	09/25/2014	Date of Injury:	01/29/2013
Decision Date:	11/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; anxiolytic medications; a TENS unit; unspecified amounts of manipulative therapy; and reported return to work. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for Robaxin and Percocet while apparently partially approving a request for Celebrex. The applicant's attorney subsequently appealed. In an August 20, 2014 progress note, the applicant stated that her medications were working well. The applicant reported persistent complaints of low back pain radiating to the legs and neck pain radiating to the right arm. The applicant did report some depressive symptoms, as stated in the review of the systems section of the note. The applicant had review of systems which was notable for abdominal pain, it was stated. The applicant's medication list included Celebrex, Robaxin, Percocet, butalbital, Lunesta, Topamax, and Xanax, it was stated. The applicant was wearing a back brace. The applicant posited that ongoing usage of medication and the back brace were helping her to tolerate work duties. The applicant was trying to do core exercises and yoga at home. The applicant stated that the TENS unit was also helpful and posited that combination of TENS therapy, medication therapy, and the back brace were allowing her to maintain regular duty work as a registered nurse (RN).

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg qty 15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX 2 inhibitor such as Celebrex can be considered if an applicant has a risk of GI complications but are not indicated for the majority of applicants. In this case, the attending provider has stated, somewhat incompletely, that the applicant has a history of abdominal pain, diverticulitis, and irritable bowel syndrome. Selection and/or ongoing usage of Celebrex may therefore be preferential to a nonselective NSAID such as Motrin or Naprosyn. Therefore, the request is medically necessary.

Robaxin 550mg qty 30: Overturned

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

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended with caution as a second line option for short-term treatment of acute exacerbations of chronic low back pain. The attending provider did indicate on his August 24, 2014 progress note that the applicant was using Robaxin on as-needed basis as opposed to a daily or scheduled basis, for attacks of muscle spasms if and when they arouse. The applicant has demonstrated treatment success with Robaxin as evinced by her successful return to and/or maintenance of regular duty work status as a registered nurse. Continuing the same on an as-needed, short-term basis is indicated. Therefore, the request is medically necessary.

Percocet 10/325 mg qty45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is, in fact, reporting appropriate analgesia and diminution in pain scores

with ongoing usage of Percocet. The applicant's ongoing usage of Percocet has helped her to achieve and maintain successful return to work status, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.