

<b>Case Number:</b>	CM13-0042510		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2000
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Maryland and Texas. 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 physician 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 patient is a 51-year-old female who reported an injury on 07/27/2000. The patient is diagnosed with chronic neck pain and degenerative disc disease in the cervical spine. The patient was seen by [REDACTED] on 10/08/2013. The patient reported ongoing neck pain with radiation into bilateral upper extremities. Physical examination revealed normal range of motion without any tenderness to palpation. Treatment recommendations included continuation of current medication including Opana ER, Zanaflex, Prevacid, and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 2 MG QTY: 60:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the clinical documentation submitted, the patient has continuously utilized

this medication. Despite ongoing use, the patient continued to report persistent pain. There was no evidence of palpable muscle spasm, spasticity, or muscle tension upon physical examination. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.

**CELEBREX 200 MG QTY: 60:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is indicated for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. As per the clinical documentation submitted, the patient does not maintain any of the above mentioned diagnoses that would warrant the need for Celebrex. Additionally, California MTUS Guidelines state there is no evidence to recommend 1 drug in this class over another based on efficacy. There is no evidence of long-term effectiveness for pain or function. The patient has continuously utilized this medication. Documentation of symptomatic osteoarthritis was not provided. The medical necessity for the ongoing use of this medication has not been established. Therefore, the request is non-certified.