

<b>Case Number:</b>	CM13-0043277		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/26/2005
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in New York 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 48-year-old male who reported an injury on 05/26/2005. The mechanism of injury was not specified in the medical records. The patient has been diagnosed with cervicalgia. His symptoms are noted to include neck pain as well as numbness and tingling in his bilateral upper extremities, worse on the right than the left. His medications are noted to include Methadone 10 mg every 12 hours, Zanaflex 4 mg 2 at bedtime for muscle spasm, Lyrica 150 mg every 12 hours, and a new prescription was noted for Celebrex 200 mg daily on 09/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg Q 8hrs #90:** Overturned

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

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

**Decision rationale:** According to the California MTUS Guidelines, Zanaflex is FDA approved for the management of spasticity, and used off label for low back pain. The guidelines also indicate that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The clinical information provided for review indicates that the patient takes

Zanaflex to control his muscle spasms. It was noted that the patient has reported no side effects to his medications and has shown no abusive behaviors. The objective findings have shown that the patient has tightness in the muscles on the left side of his cervical spine. As the patient has been noted to have muscle spasm, which has been controlled by Zanaflex, and has denied side effects to this medication, the request is supported. As such, the request is certified.

**Celebrex 200mg Q day #30:** Overturned

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

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

**Decision rationale:** According to the California MTUS Guidelines, anti-inflammatory medications are the traditional first line treatment to reduce pain in order to facilitate activity and functional restoration. However, long term use may not be warranted. The most recent office note provided for review dated 09/16/2013 indicates that the patient has been starting to lose strength in his hand and is developing pain in the medial elbow and the ulnar 3 digits on the right upper extremity. It was noted that a new prescription would be started for Celebrex 200 mg daily for inflammation and pain. As the patient was not noted to have previously been taking an NSAID medication and this is noted by the evidence based guidelines to be a first line treatment to reduce pain, the request is supported by guidelines. As such, the request is certified.