

<b>Case Number:</b>	CM14-0169545		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Colorado. 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 injured worker is a 55-year-old who sustained an injury to the back on June 8, 2012 after falling off a stool at work. X-ray data shows a mild L4-5 spondylolisthesis. Chiropractic and medication treatment were provided. As of June 30, 2014 the injured worker's symptoms included low back and coccyx pain, pain with numbness down the right leg, numbness and tingling in the toes of both feet, and worsened pain with prolonged standing and sitting. Laboratory results dated June 30, 2014 indicated that Codeine was not detected in the urine specimen despite being an expected result because of current prescription. As of August 13, 2014 the injured worker complained of back pain at 7/10 in intensity without medications at 4/10 intensity with medications, and having spasms in the low back improved by the use of a muscle relaxant medication. Examination findings included lumbar tenderness, muscle spasms, reduced motion, and normal reflex, sensory and motor testing of the upper and lower extremities, negative straight leg raising, normal gait, normal heel toe walking bilaterally, negative femoral stretch sign, negative Spurling sign, normal Babinski sign, and normal lower extremity pulses bilaterally. MRI scan findings from 22/26/2013 are summarized as mild spondylolisthesis at L4-5 with no evidence of disc herniation. Diagnoses included mild spondylolisthesis, L4-5, lumbar strain, possible lumbar radiculopathy. Naproxen, Norflex, Tramadol were utilized. On August 14, 2014 there is a request for authorization for Celebrex 200 mg #30, Flexeril 10 mg #90, Norco 5/325 #90. A follow-up office visit on September 30, 2014 provides subjective complaints of a new pain in the right buttocks, pain 8-9/10 without medications and 6/10 with medications, spasms in her low back reduced with a muscle relaxant medication, difficulty sleeping, and GI upset with her medications. Examination findings include negative straight leg raising, normal neurologic findings, positive lumbar tenderness, muscle spasms of the paraspinal musculature, reduced lumbosacral spine range of motion by 20%, and negative femoral stretch sign.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain interventions and treatments Page(s): 22, 67-68.

**Decision rationale:** Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to the MTUS, Celebrex may be considered if the patient has a risk of GI complications. The MTUS chronic medical treatment guidelines state that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The MTUS chronic medical treatment guidelines also state that NSAID's (i.e. Celebrex) may be indicated as an option for short-term symptomatic relief for chronic back pain and, that long-term use of NSAID's may not be warranted because studies have not shown that NSAIDs are more effective than acetaminophen while demonstrating increased side effect profile. Although NSAIDs are a recommended second line treatment for chronic low back pain, NSAIDs have been shown to have more adverse side effects than either placebo or acetaminophen. The MTUS states that analgesic medications should show effects within 1 to 3 days. The MTUS guidelines supports treatment with NSAID medications for the management of chronic pain however in this case, there is insufficient documentation of improvements of the workers pain and/or function attributable to Celebrex utilization specifically. Therefore, the request for Celebrex is not considered medically necessary or appropriate.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 41-42,60,63.

**Decision rationale:** Flexeril is a centrally acting muscle relaxant that reduces muscle spasticity. According to the MTUS, Flexeril is recommended as an option for a short course of therapy in the management of back pain. The effect of Flexeril is greatest in the first 4 days of treatment and treatment should be brief. According to the MTUS non-sedating muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and

increasing mobility however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The relief of pain with the use of this medication is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. According to the MTUS the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. The available records do not document an improvement in pain relief in relationship to improvements in function and increased activity. Flexeril use and the prescription appears to be for long term, rather than short term, use. In addition, Flexeril appears to be added to multiple additional medications and therefore, the request for Flexeril is not recommended as medically necessary or appropriate.

**Norco 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 75,77,78,81,82.

**Decision rationale:** For chronic back pain, the MTUS suggests that opioids appear to be efficacious for the treatment of chronic pain but should be limited for short-term pain relief. The long-term efficacy of opioids is currently unclear and appear to be limited. A failure to respond to a time-limited course of an opiate should lead to a reassessment and consideration of alternative therapy. According to the MTUS, when prescribing opioids, baseline pain and functional assessments such as social, physical, psychological, daily and work activities should be made. The MTUS states that if there is no overall improvement in function from opioid use, the medication should be discontinued. The available records do not document an improvement in either pain or function attributable specifically to the use of Norco and therefore, Norco is not recommended as medically necessary or appropriate.