

<b>Case Number:</b>	CM14-0029961		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/26/2002
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 65-year-old female who reported an injury on 09/26/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 05/14/2014 indicated diagnoses of chronic pain syndrome, post laminectomy syndrome of the cervical region, cervical spondylosis without myelopathy, generalized osteoarthritis, and depressive disorder. The injured worker reported neck and upper thoracic pain, bilateral shoulder and scapular pain, and bilateral upper extremity pain. The injured worker reported her pain score at the worst was 9/10, at the least 4/10, and the usual pain score was 6/10. On physical examination, the injured worker had moderate discomfort, diminished range of motion, and increased spasms noted in the paravertebral muscles of the neck and both trapezius muscles, worse on the right than the left. The injured worker had painful range of motion with all directions. There was tenderness to palpation of the paravertebral muscles and the trapezius muscles bilaterally, and there was generalized tenderness over the muscles in the upper arms bilaterally. The exam of the thoracic spine revealed tenderness and spasms. The injured worker had tenderness over the trapezius bilaterally with increased spasms and extreme firmness in the muscles bilaterally. The injured worker had muscle spasms in the upper thoracic and both shoulders. The injured worker had decreased pin sensation and upper extremity deep tendon reflexes were 1+. The injured worker was extremely sad, depressed, and fatigued. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included cyclobenzaprine HCl, Vicodin, and Celebrex. The provider's submitted requests for Flexeril, Vicodin, and Celebrex. The Request for Authorization dated 05/14/2014 was submitted for Flexeril, Vicodin, and Celebrex; however, a rationale was not provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FLEXERIL 10 MG #60 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT Page(s): 64.

**Decision rationale:** The request for flexeril 10 mg #60 with 3 refills is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend Flexeril for a short course of therapy. Flexeril is used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain and muscle spasms. This medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been on Flexeril since at least 01/29/2014. This exceeds the guideline recommend for a short course of therapy. In addition, there is lack of documentation of efficacy and functional improvement with this medication. Additionally, the provider did not indicate a frequency for the medication. Therefore, the request for Flexeril 10 mg 60 tablets with 3 refills is not medically necessary.

### **VICODIN 5/500 MG #60 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ONGOING MANAGEMENT Page(s): 78.

**Decision rationale:** The request for vicodin 5/500 mg #60 with 3 refills is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request for Vicodin 5/500 mg 60 with 3 refills is not medically necessary.

### **CELEBREX 200 MG #30 WITH THREE REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 30.

**Decision rationale:** The request for celebrex 200 mg #30 with three refills is non-certified. The California Chronic Pain Medical Treatment Guidelines state Celebrex is an NSAID responsible for inflammation and pain. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. There is lack of documentation of efficacy and functional improvement from the medication. In addition, the documentation submitted did not indicate the injured worker had findings that would indicate problems with antiplatelet activity. Furthermore, the provider did not indicate a frequency for the medication. Therefore, the request for Celebrex 200 mg 30 tablets with 3 refills is not medically necessary.