

<b>Case Number:</b>	CM14-0047767		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 injured worker is a 53-year-old female (5 feet 7 inches and 143 pounds) certified nurse assistant, who sustained a neck injury on 1/1/05 while lifting a heavy patient at work. In the course of treatment, the diagnoses were cervical spondylosis without myelopathy (721.0), tension headache (307.81), and chronic pain syndrome (338.4). The prior treatment included therapeutic/prophylactic/diagnostic injections, medial branch blocks, and radiofrequency lesioning to cervical spine; medications including Toradol/Ketorolac tromethamine, Muscle Relaxants, Opioid, Phenergan, Anticonvulsants and Analgesics; therapeutic exercise and physical therapy, home exercises and off work. Per 3/8/14 report, nausea is noted when Toradol is given. Beginning 04/2014, the patient had 8 physical therapy sessions which noted the patient would like home exercises for the back and attempting to increase walking distance. The patient had shown improvement with therapy and had increased stamina. Per 5/3/14, visit note, the patient had complaints of upper back, left sternocleidomastoid, and neck pain. Current medication management included Norco 10/325 (starting 10/31/13), Gabapentin 300 mg (starting 10/31/13), Soma 350 mg (starting 10/31/13), Flector (starting 3/8/14), Celebrex 200 mg (starting 3/8/14), Cyclobenzaprine HCL 10 mg (starting 4/8/14), Morphine sulfate 60 mg, and IBU 800 mg. Examination revealed normal range of motion of cervical spine and 1+ tenderness on palpation over trapezius. Diagnosis was bilateral neck pain. The patient was responding well to physical therapy. Medication management was to be continued. Per 3/19/14 report, the request for two injections of Toradol and Zofran on 3/8/14, Cyclobenzaprine HCl 10 mg #90 between 3/8/14 and 5/13/14, Celebrex 200 mg #30 with 2 refills between 3/8/14 and 6/12/14, and Flector 1.3% #30 patches with 2 refills between 3/8/14 and 6/12/14 were all non-certified. Per the guidelines the following reasons were given for non-certification: Toradol and Zofran was not indicated for minor or chronic pain; Cyclobenzaprine could not be used for longer term use;

Celebrex was not indicated for use of conditions with osteoarthritis; and Flector patch was not indicated as a first-line approach for treatment and was to be used if oral drugs had caused adverse effects.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **2 injections of Toradol and Zofran IM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 72.

**Decision rationale:** Per guidelines, Toradol IM(intramuscular) is indicated for the management of moderately severe acute pain requiring analgesia at the opioid level. The records however do not show the patient was experiencing acute moderately severe pain. There was no report of any new injuries or events. So, the medical necessity of Toradol IM is not established. Accordingly, Zofran which was used to treat nausea secondary to Toradol is considered not medically necessary. Therefore, 2 injections of Toradol and Zofran IM are not medically necessary.

### **Cyclobenzaprine HCL 10MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-64.

**Decision rationale:** According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course, for the treatment of back pain or in post-op setting. There is no evidence of any significant muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records show the patient has been prescribed Cyclobenzaprine on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. Furthermore, there is no documentation of any significant improvement in spasm or pain with its prior use. Therefore, Cyclobenzaprine HCL 10MG #90 is not medically necessary.

### **Celebrex 200MG #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 67-68, 70.

**Decision rationale:** Per guidelines, Celebrex is a COX-2 non-steroidal anti-inflammatory medications (NSAID) that is recommended for the the treatment of osteoarthritis. There is no significant difference between traditional NSAIDs and COX-2 NSAIDs in terms of efficacy, as there is no evidence of superior long-term benefit with COX-2 NSAIDs. However, COX-2 NSAIDs show better side effects profile with less GI side effects but with increased risk of cardiovascular problems. Therefore, Celebrex 200MG #30 with 2 refills is not medically necessary.

**Flector 1.3% #30 patches with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector® patch (diclofenac epolamine).

**Decision rationale:** According to guidelines, Flector patches, are second line treatment, as an option for patients who cannot tolerate oral NSAIDs due to side effects. There is no documentation of any side effects with prior oral use of NSAIDs. Therefore, the medical necessity of the request is not established. So, Flector 1.3% #30 patches with 2 refills is not medically necessary.