

Case Number:	CM14-0071428		
Date Assigned:	07/16/2014	Date of Injury:	03/15/1995
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 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:

There were 274 pages provided for review. The request for independent medical evaluation was signed on May 13, 2014. The items or goods there were denied or modified were Trazodone, Celebrex, Dilaudid, Xanax, Cymbalta and Skelaxin. Per the records provided, there was a qualified medical exam from March 25, 1999. She at that time was a 35-year-old customer service representative. She had developing neck pain following an industrial event and receiving surgical treatment in 1996 for the removal of two discs and a fusion. She had complaints of neck pain and some upper extremity complaints. Following the surgery, she felt her upper extremity complaints referable to her neck were pretty much relieved. Since being return to permanent and stationary status, she obtained a job as a lab courier. There was constant neck and right shoulder pain that was described as slight or mild. She was described as a 51-year-old female with an industrial injury of March 15, 1995. She has chronic cervicalgia, bilateral upper extremity radicular pain, recurring myofascial strain, insomnia, reactive anxiety, depression and dependence on medications such as opioids, Methadone and Trazodone, Cymbalta and Xanax for symptomatic relief. The previous reviewer felt that the Trazodone written on April 23, 2014 was medically necessary. The Celebrex was not certified, because the claimant had no documentation of acute exacerbation of pain. Chronic continued use of the medicine simply increases the risk of upper G.I. side effects. The Dilaudid was felt to be medically necessary. The Xanax was used for the treatment of acute anxiety. There use chronically is not proven, so that one was not certified. The Cymbalta was an antidepressant and so it was certified. The Skelaxin does not have a role in chronic pain syndrome patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 mg. # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues.

Decision rationale: The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is: - Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. - Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant; the request for the Celebrex is not medically necessary, as criteria for appropriate usage under the evidence-based guides are not met.

Xanax 0/5 mg. # 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Pain section, under Benzodiazepines.

Decision rationale: Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary following the evidence-based guideline.

Skelaxin 800 mg. # 25: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-63 of 127.

Decision rationale: The MTUS notes that Metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. The MTUS elsewhere also recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request is not medically necessary under MTUS criteria.