

Case Number:	CM14-0181100		
Date Assigned:	11/05/2014	Date of Injury:	09/11/2000
Decision Date:	01/02/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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:

The injured worker is a represented employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 11, 2000. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and earlier cervical spine surgery. In a Utilization Review Report dated October 24, 2014, the claims administrator denied a request for Norco, denied a request for Celebrex, denied a request for Zanaflex, and approved a request for Prilosec. Non-MTUS Official Disability Guidelines (ODG) was invoked to deny Zanaflex, despite the fact that the MTUS addressed the topic. The claims administrator stated that the injured worker did have issues with reflux and went on to approve Prilosec. Celebrex was denied on the grounds that the injured worker had failed to improve with the same. Celebrex was misclassified as an opioid by the claims administrator, however. The injured worker's attorney subsequently appealed. In a June 2, 2014 progress note, the injured worker reported ongoing complaints of neck pain, status post recent cervical epidural steroid injection therapy. The injured worker stated that her activities of daily were improved following the epidural and she was able to do household chores and go shopping. The injured worker stated that her medications were allowing her to complete necessary activities of daily living. The injured worker's medication list included Celebrex, Pepcid, Zanaflex, and Norco. It was stated in another section of the report that the injured worker reported interference in terms of activities of daily living, mood, and concentration secondary to chronic pain. The injured worker was given diagnoses of chronic neck pain status post failed cervical fusion surgery, gastroesophageal reflux disease, and chronic pain syndrome. Pepcid, Zanaflex, and Norco were renewed on this occasion. The injured worker's work status was not furnished. On September 19, 2014, the injured worker reported ongoing complaints of neck pain

radiating to the bilateral arms. 5/10 pain with medications versus 10/10 pain without medications was appreciated. The attending provider stated that the injured worker's medications were keeping her pain manageable in one section of the note. In another section of the note, it was stated that the injured worker had significant levels of interference in terms of work, concentration, mood, and overall function secondary to pain complaints. The injured worker was using Norco, Zanaflex, Pepcid, Celebrex, it was stated. The attending provider stated, in a third section of the report, that medications were improving the injured worker's overall level of function but did not elaborate or expound upon the same. Pepcid, Zanaflex, Norco, and Celebrex were apparently renewed. On October 17, 2014, the injured worker reported persistent complaints of neck pain, 9/10 without medications versus 4-5/10 with medications. The injured worker was on Celebrex, Pepcid, Zanaflex, and Norco. Low-grade heartburn was noted with medications. The injured worker felt that her mood was stable. Prilosec, Zanaflex, Norco, and Celebrex were prescribed. The injured worker's work status was not furnished, although it did not appear that the injured worker was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. However, in this case the injured worker was/is off of work. The attending provider has written multiple progress notes that the injured worker's pain complaints are interfering with her ability to work and with her ability to concentrate. Therefore, this request is not medically necessary.

1 Prescription for Celebrex 200mg # 30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in injured workers with a history of gastrointestinal (GI) complications, as appears to be present here. This recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic

Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. However, the injured worker is off of work. Ongoing usage of Celebrex has failed to curtail the injured worker's dependence on opioid agents such as Norco. The injured worker was having difficulty performing activities of daily living as basic as concentrating secondary to chronic pain. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, this request is not medically necessary.

1 Prescription for Zanaflex 4mg #60 with 3 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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66; 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off-label for low back pain. However, this medication is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. However, the injured worker is seemingly off of work. The injured worker has consistently reported that her chronic pain complaints are interfering with her ability to work, despite ongoing usage of Zanaflex. Ongoing usage of Zanaflex has failed to curtail the injured worker's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, this request is not medically necessary.