

Case Number:	CM14-0188580		
Date Assigned:	11/19/2014	Date of Injury:	02/12/2004
Decision Date:	02/03/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back, low back, and neck pain reportedly associated with an industrial injury of February 12, 2004. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for Celebrex, tizanidine, and Norco. The claims administrator stated that its decisions were based on progress notes and RFA forms of July 20, 2014 and October 20, 2014. The claims administrator's decision was very difficult to follow and was approximately 15 pages long. The claims administrator did suggest in one section of its note that the applicant was benefitting from Norco but concluded at the bottom of the report by stating that the applicant should receive a partial approval of Norco for weaning purposes. The applicant's attorney subsequently appealed. Somewhat interestingly, an earlier utilization reviewer approved Celebrex, tizanidine, and Norco on August 12, 2014. The sole progress note on file was an October 20, 2014 progress note on which the applicant reported ongoing complaints of upper back pain, neck pain, and bilateral hand pain, 5-6/10. The note was difficult to follow and had been blurred as a result of repetitive photocopying. The applicant's medication list included Celebrex, Zanaflex, aspirin, Zocor, and Benicar. The applicant had initialized multifocal pain complaint secondary to cumulative trauma at work. The applicant's BMI was 28. Norco, Celebrex, and tizanidine were refilled. The applicant was reportedly unable to work, it was stated in one section of the note. One sentence later, stated that the applicant had retired. 3/10 pain with medications was appreciated versus 8/10 pain without medications. The applicant stated that she was able to perform household chores, bookkeeping, and sewing with her medications and stated that her ability to perform each of the aforementioned tasks would be diminished without her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30, 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Celebrex

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, GI Symptoms, and Cardiovascular Risk topic

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at intermittent risk for gastrointestinal events who, by implication, qualify for usage of a COX-2 selective agent such as Celebrex include those individuals who are age 65 years of age and are concurrently using aspirin and NSAIDs. Here, the applicant is 74 years old and is concurrently using aspirin 325 mg daily in conjunction with Celebrex 200 mg daily. Given the applicant's age (74) and the fact that she is concurrently using aspirin, provision and ongoing usage of Celebrex, a COX-2 inhibitor, may be preferable to provision and/or usage of non-selective NSAIDs. The attending provider has, furthermore, posited that ongoing usage of Celebrex has diminished the applicant's pain complaints from 8/10 to 3/10 and has ameliorated her ability to perform household chores such as bookkeeping, sewing, and housekeeping. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Tizanadine 4mg #60, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

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. Here, while the applicant has failed to return to work, this appears to be a function of age (74) as opposed to a function of chronic pain and/or the industrial injury. This is, furthermore, outweighed by the applicant's continued reports of appropriate analgesia with ongoing medication consumption. The applicant reported on the October 20, 2014 office visit, reference above, that her pain scores were appropriately reduced from 8/10 without medications to 3/10 with medications. The applicant further stated that her ability to perform household chores, bookkeeping, sewing, had all been ameliorated as a result of ongoing medication usage, including ongoing Norco usage. Continuing the same, on balance, was therefore indicated. Accordingly, the request is not medically necessary.

Norco 5/325mg #45, 3 refills: Overturned

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

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

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine is FDA approved in the management of spasticity but can be employed off label for low back pain, as is present here, this recommendation, however, is qualified by commentary on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that muscle relaxants such as Tizanidine, as a class, should be reserved for short-term use purposes, for acute exacerbations of chronic pain. Here, the 60-tablet, three-refill supply of Tizanidine, by implication, runs counter to MTUS principles and parameters as it suggests chronic, long-term, and/or scheduled usage of the same. Therefore, the request was is medically necessary.