

Case Number:	CM14-0200444		
Date Assigned:	12/10/2014	Date of Injury:	07/26/2011
Decision Date:	01/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 neck pain reportedly associated with an industrial injury of July 26, 2011. In a Utilization Review Report dated November 18, 2014, the claims administrator partially approved a request for Norco and denied a request for Celebrex. The claims administrator stated that the applicant was status post earlier shoulder surgery. The claims administrator referenced a November 11, 2014 RFA form and a progress note of November 6, 2014 in its report. The applicant's attorney subsequently appealed. In said November 6, 2014, progress note, the applicant reported issues with fibromyalgia, shoulder pain, anxiety, neck pain, and depression. The applicant was on omeprazole for reflux. The applicant was also using Celebrex, Flexeril, Norco, and Zanaflex, it was acknowledged. Persistent complaints of shoulder pain interfering with sleep were appreciated. The applicant stated that she was able to do her own housekeeping, dressing, bathing, and shopping. The applicant was, however, unemployed. The applicant stated that non-selective NSAIDs such as Motrin had irritated her stomach. The applicant was ultimately given prescriptions for Norco, Zanaflex and Celebrex. The attending provider posited that the applicant had difficulty obtaining authorization for Celebrex in the past. On October 1, 2014, the attending provider again remarked that the applicant has been unable to obtain authorization for Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Celebrex 200mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COX-2 NSAIDS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antinflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are recommended if an applicant has risk factors for or a history of gastrointestinal (GI) complications. Here, the applicant apparently does, in fact, have a history of GI complications. The applicant has apparently experienced issues with reflux with non-selective NSAIDs, including Motrin. The attending provider has seemingly suggested that the applicant had difficulty obtaining authorization for Celebrex and the request in question may represent a first-time request for the same. Therefore, the request is medically necessary.

90 Capsules of Zanaflex 4mg: 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 Tizanidine/Zanaflex section; Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in management of spasticity but can be employed off label for low back pain, in this case, the applicant's primary pain generators appeared to be the neck and shoulder as opposed to low back. No clear or compelling rationale for selection of Zanaflex for a non-FDA labeled purposes and/or a non-MTUS endorsed role was furnished by the attending provider. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into its choice of pharmacotherapy. Here, however, the attending provider failed to outline a clear or compelling rationale for provision of two separate muscle relaxant medications, cyclobenzaprine (Flexeril) and Zanaflex (tizanidine). Therefore, the request is not medically necessary.