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| <b>Case Number:</b>   | CM14-0203110 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 10/16/1995 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2014 |

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64-year-old female with a date of injury of 10/16/1995. Diagnoses from 10/27/2014 are: 1. Cervical disc syndrome 2. Cervical disc degeneration 3. Radicular type symptoms 4. Cervicalgia According to the 09/17/2014 report, the patient complains of cervical, thoracic, and left-sided shoulder pain. The patient reports "good improvement with use of Celebrex no G.I. side effects or hypertension." She has a mild flare up of left shoulder pain. Examination shows local tenderness over the coracoacromial ligament and posteriorly beneath the acromion. Exquisite local tenderness reducible about the base of the cervical spine with triggering, worse on the left than on the right. Cervical spine range of motion is 90% of normal. Treatment reports from 07/17/2013 to 10/27/2014 were provided for review. The utilization review denied the request on 11/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg quantity 180 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

**Decision rationale:** This patient presents with cervical spine, thoracic spine, and left shoulder pain. The treating physician is requesting Skelaxin 800mg quantity 180 with 5 refills. The MTUS Guidelines page 61 states that Skelaxin is "recommended with caution as a second line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." Long term use of Skelaxin is not recommended per the MTUS Guidelines. The records do not show a history of Skelaxin use. While a trial may be appropriate for this patient, the requested quantity exceeds the recommended treatment period for short term use. Therefore, this request is not medically necessary.

**Celebrex 200mg quantity 90 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anti-inflammatory medications

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Medications for Chronic Pain Page(s): 22; 60-61.

**Decision rationale:** This patient presents with cervical spine, thoracic spine, and left shoulder pain. The treating physician is requesting Celebrex 200 mg quantity 90 with 5 refills. The MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. In addition, MTUS guidelines on page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Celebrex on 07/17/2013. The 09/17/2014 report notes medication efficacy stating, "The patient has had good improvement with use of Celebrex no side effects or hypertension is reported." In this case, the continued use of Celebrex is supported by the MTUS guidelines as first-line treatment to reduce pain and improve function. Therefore, this request is medically necessary.