

Case Number:	CM14-0056588		
Date Assigned:	07/11/2014	Date of Injury:	05/06/2000
Decision Date:	04/16/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female with an industrial injury dated 05/03/2000 reported as injury to the right shoulder, back and left knee. Diagnoses includes cervicobrachial syndrome, rotator cuff syndrome/bursitis, sprain/strains of the lumbar region, de Quervain's tenosynovitis, medial meniscus tear/derangement, and derangement of the medial meniscus not elsewhere/otherwise classified. Diagnostic testing has included x-rays of the cervical spine, right shoulder and both knees (no dates were given), and a MRI of the cervical spine (03/15/2010). Previous treatments have included conservative measures, medications, acupuncture and physical therapy. A progress note dated 08/13/2013, reports increased pain in the right shoulder and neck radiating down the arms, and persistent pain in the back and left knee/leg. The objective examination revealed palpable trigger points in the cervicoscapular and lumbar quadratus region, decreased range of motion in the cervical spine, right shoulder/upper extremities and lumbar region, and decreased strength in the shoulders and upper extremities. The treating physician is requesting Celebrex and Tizanidine, which was denied by the utilization review. On 04/16/2014, Utilization Review non-certified prescriptions for Celebrex 200mg and Tizanidine 4mg, noting the MTUS guidelines were cited. On 04/25/2014, the injured worker submitted an application for IMR for review of Celebrex 200mg and Tizanidine 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication Page(s): 22,67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: Based on the 08/13/13 progress report provided by treating physician, the patient presents with right shoulder, neck, back and left knee pain rated 5-9/10. The request is for CELEBREX 200MG. Patient's diagnosis on 08/13/13 includes cervicobrachial syndrome; rotator cuff syndrome, bursitis; sprains and strains of lumbar region; deQuervain's tenosynovitis; and medial meniscus tear/derangement. Patient's medications include Norco, Tramadol, Terocin lotion, Lidoderm patch, and Ecomazole Nitrate. The patient is medically disabled, per progress report dated 08/13/13, which was the only report provided for review. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 08/13/13, the patient "takes occasional Celebrex on good days to replace the Tramadol, we will refill her Tramadol and Celebrex today." It is not known when Celebrex was initiated based on sole progress report provided. NSAID's are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients according to MTUS. Treater has not discussed GI complications, nor documented that the patient was previously prescribed other oral NSAIDs. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Anti-Inflammatory Medication Page(s): 22,67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: Based on the 08/13/13 progress report provided by treating physician, the patient presents with right shoulder, neck, back and left knee pain rated 5-9/10. The request is for TIZANIDINE 4MG. Patient's diagnosis on 08/13/13 includes cervicobrachial syndrome; rotator cuff syndrome, bursitis; sprains and strains of lumbar region; deQuervain's tenosynovitis; and medial meniscus tear/derangement. Patient's medications include Norco, Tramadol, Terocin lotion, Lidoderm patch, and Ecomazole Nitrate. The patient is medically disabled, per progress

report dated 08/13/13, which was the only report provided for review. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Provided sole progress report dated 08/13/13 did not include Tizanidine in patient's medications. It is not known when Tizanidine was initiated. UR letter dated 04/16/14 states that the patient was prescribed Tizanidine, per progress report dated 03/31/14. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given patient's symptoms and diagnosis, Tizanidine would be indicated by guidelines. However, MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, there is not documentation of medication efficacy to warrant continued prescription of Tizanidine. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.