

Case Number:	CM15-0131412		
Date Assigned:	07/17/2015	Date of Injury:	07/07/2012
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62-year-old female patient who sustained an industrial injury on 07/07/2012. She sustained the injury while working as a lead person at a glass store she experienced cumulative trauma over the course of employment. The diagnoses include bilateral shoulder impingement syndrome, element of sleep and depression due to chronic pain. Per the doctor's note dated 6/3/2015 and 7/1/2015, she had complaints of right shoulder pain. The physical examination of the right shoulder revealed tenderness, decreased range of motion and weakness on resisted function. The medications list includes trazadone, mirtazapine, norflex, nalon, aciphex, naproxen, lunesta, flexeril and tramadol. She has had bilateral shoulder MRIs on 6/6/2014. She has had physical therapy and chiropractic care for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: 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, Page 22 Celebrex, Page 30.

Decision rationale: Celebrex 200mg #30: Celebrex contains Celecoxib which is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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." According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition, per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Patient has tried naproxen. Failure of generic NSAIDs like ibuprofen or naproxen (with dose, duration and side effects) is not specified in the records provided. The medical necessity of Celebrex 200mg #30 is not fully established for this patient at this time.

Lunesta 20mg #30: 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), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Insomnia treatment.

Decision rationale: Lunesta 20mg #30: CA MTUS does not address this request. Eszopicolone (Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative- hypnotics) FDA approved for use of treatment of insomnia. It is a controlled substance. Per the ODG guideline regarding insomnia treatment "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." A trial and failure of other measures for treatment of the patient's insomnia symptoms, is not specified in the records provided. A detailed evaluation for psychiatric or medical illness that may be causing the insomnia, is not specified in the records provided. The medical necessity of Lunesta 20mg #30 is not fully established in this patient.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page 63, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) page 65.

Decision rationale: Norflex 100mg #60: Norflex contains Orphenadrine which is antispasmodic. Per the cited guidelines, "it is used to decrease muscle spasm in conditions such as LBP (low back pain) for a short period of time." According to the cited guidelines "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti cholinergic properties." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Muscle relaxants are recommended for a short period of time. The patient has had chronic shoulder pain. Response to pain with and without orphenadrine/ muscle relaxant is not specified in the records provided. Evidence of muscle spasm or acute exacerbations is not specified in the records provided. The medical necessity of Norflex 100mg #60 is not fully established for this patient at this time.