

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0132150 |                              |            |
| <b>Date Assigned:</b> | 07/20/2015   | <b>Date of Injury:</b>       | 04/01/2001 |
| <b>Decision Date:</b> | 08/21/2015   | <b>UR Denial Date:</b>       | 06/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2015 |

### 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: Arizona, Michigan  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 74 year old female, who sustained an industrial injury on 04/01/2001. The injured worker is currently not working and permanent and stationary. The injured worker is currently diagnosed as having cervical spine herniated nucleus pulposus, status post right shoulder rotator cuff repair, bilateral carpal tunnel syndrome, mild right DeQuervain's tenosynovitis, and chronic myofascial pain. Treatment and diagnostics to date has included right shoulder surgery and medications. In a progress note dated 06/15/2015, the injured worker presented with complaints of neck pain with radiation down bilateral shoulders with occasional muscle spasms, pain is rated 6/10. The injured worker also complained of bilateral wrist pain, rated 8/10. The physician noted that the injured worker's pain level is 8-9/10 without pain medications and 4/10 with use of her medications along with improvement with activities of daily living and increased ability to exercise and do light housework. Objective findings include tenderness over the cervical paraspinals and trapezii with spasm with decreased range of motion and tenderness over the right anterior shoulder with decreased range of motion and mild swelling. The treating physician reported requesting authorization for Celebrex and a trial Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, Non-steroidal anti-inflammatory drugs (NSAIDs), & NSAIDs, GI symptoms & cardiovascular risk Page(s): 30, 67-73.

**Decision rationale:** Celebrex (Celecoxib) is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, and enzyme responsible for inflammation and pain. Celebrex is used for the "relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylosis". Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief of back pain. "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." In addition, under NSAIDs, GI symptoms & cardiovascular risk guidelines, it states that a COX-2 selective agent plus a PPI (proton pump inhibitor) are to be used with patients at high risk for gastrointestinal events with no cardiovascular disease if absolutely necessary. After review of the received medical records it is noted that the injured worker is over the age of 65 which increases her risk for a gastrointestinal event, it is also noted that she has had a history of thrombo-embolism which was treated with Xarelto, therefore based on the injured workers specific clinical presentation and the guidelines the request for Celebrex 200 mg #60 with 2 refills is medically necessary.

**Zanaflex 4 mg #45 with 2 refills:** Overturned

**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 Muscle Relaxants Page(s): 63-66.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine (Zanaflex) is a "centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy 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. May also provide benefit as an adjunct treatment for fibromyalgia" The medical records note that the injured worker has a diagnosis of chronic myofascial pain and occasionally uses Flexeril for muscle spasms, but finds it not very effective. Objective findings include tenderness over the cervical paraspinals and trapezii with spasm. The treating physician discontinued Flexeril and prescribed a trial of Zanaflex. Therefore, based on the Guidelines and the submitted records, the request for Zanaflex is medically necessary.

