

Case Number:	CM15-0143777		
Date Assigned:	08/05/2015	Date of Injury:	12/22/2009
Decision Date:	09/25/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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: California, Hawaii
 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 60-year-old female, who sustained an industrial injury on December 22, 2009. The injury occurred in the course of her regular and customary duties. The injured worker has been treated for neck, bilateral shoulder and low back complaints. The diagnoses have included cervical radiculopathy, chronic pain, lumbar radiculopathy, left-sided sciatic pain, cervical herniation, left rotator cuff syndrome and impingement, left rotator cuff tear and acromioclavicular joint hypertrophy, right rotator cuff tear, left hand-wrist pain, right carpal tunnel syndrome and right shoulder pain. Treatment and evaluation to date has included medications, radiological studies, MRI, cervical epidural steroid injections, trigger point injections, physical therapy, right rotator cuff repair and a left shoulder arthroscopy on March 30, 2015. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 15, 2015 notes that the injured worker reported ongoing pain in the bilateral shoulders and low back. Examination of the left shoulder revealed tenderness to palpation of the anterior biceps insertion. Range of motion was painful and reduced, but improved from the prior visit. Documentation dated June 16, 2015 notes that the injured worker reported neck pain, which radiated down into the bilateral upper extremities and low back pain, which radiated down the bilateral lower extremities. The average pain rating was 7 out of 10 on the visual analogue scale with medications. The pain was noted to have worsened since the prior visit. Examination of the cervical spine revealed vertebral tenderness and myofascial trigger points with a twitch response in the right trapezius muscle. Range of motion was moderately limited due to pain. Sensation was diminished in the bilateral upper extremities. Examination of the lumbar spine revealed

tenderness to palpation over the left sacroiliac joint. Range of motion was moderately limited by pain. A straight leg raise test was positive bilaterally. Sensation was diminished in the lumbar-five dermatome in the bilateral lower extremities. The treating physician's plan of care included a request for Tizanidine 4 mg # 60 with 2 refills and Celebrex 200 mg # 360 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg 360, one PO BID PRN with two refills: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating to the bilateral upper extremities, low back pain radiating to the bilateral lower extremities and headaches. She is status post CESI from 06/09/2015. The current request is for Celebrex 200mg, 360 1 PO BID PRN with 2 refills. The treating physician's report dated 06/15/2015 states, "Medications are prescribed for symptomatic to include Celebrex 200mg #60 1 PO BID PRN with two refills as an anti-inflammatory and Tizanidine 4mg #60 1PO BID for spasm with two refills." The MTUS Guidelines page 22 on anti-inflammatory medication 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. The medical records do not show a history of Celebrex use. In this case, the physician would like to trial Celebrex to determine its efficacy in terms of pain relief and functional improvement. However, the dosage prescribed is above that recommended for pain and also places the IW at increased risk for myocardial infarction and stroke. The lower dose would be medically appropriate but a decreased dose is beyond the scope of the IMR process. The current request is not medically necessary.

Tizanidine 4mg #60 one PO BID with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 63-66.

Decision rationale: The patient presents with neck pain radiating to the bilateral upper extremities, low back pain radiating to the bilateral lower extremities and headaches. She is status post CESI from 06/09/2015. The current request is for Tizanidine 4 mg #60, 1 PO BID with 2 refills. The treating physician's report dated 06/15/2015 states, "Medications are prescribed for symptomatic to include Celebrex 200mg #60 1 PO BID PRN with two refills as an anti-inflammatory and Tizanidine 4mg #60 1PO BID for spasm with two refills." The MTUS Guidelines page 63 to 66 states, "Tizanidine (Zanaflex, generic available) is a centrally acting

alpha-2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled for low back pain demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome." Medical records do not show a history of Tizanidine use. While the physician does not discuss the rationale behind the request, the patient does present with low back pain and is post-surgical from 06/09/2015. A trial is appropriate to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.