

Case Number:	CM15-0145819		
Date Assigned:	08/07/2015	Date of Injury:	06/24/2010
Decision Date:	09/23/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 51 year old male, who sustained an industrial injury on June 24, 2010. He reported neck, shoulder and back pain after crawling in a tight spot under a house. The injured worker was diagnosed as having cervical spondylosis, chronic cervical radiculopathy, myofascial pain syndrome, status post removal of spinal cord stimulator and decompression, status post decompressive cervical laminectomies and posterolateral fusion, lumbar radiculitis, lumbar degenerative disc disease, left glenoid labral tear and right knee meniscus tear status post arthroscopic surgery. Treatment to date has included diagnostic studies, a neck brace, surgical intervention of the lumbar spine, conservative care, acupuncture, medications and work restrictions. Currently, the injured worker continues to report continued neck, shoulder and back pain radiating into the knees. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 6, 2015, revealed continued pain as noted with associated symptoms. He rated his pain at 5-6 on a 1-10 scale with 10 being the worst. It was noted he was experiencing neurological symptoms including headaches, dizziness, imbalance and diminished hearing. Evaluation on June 19, 2015, revealed continued neck and shoulder pain. He rated his pain at 3 on a 1-10 scale with 10 being the worst. Celebrex, Robaxin, Tramadol and Nexium were continued. It was noted he was off of Norco. Evaluation on July 19, 2015, revealed ongoing neck and shoulder pain. Medications were continued. One month supply Nexium 40mg (1 capsule daily), One month supply of Celebrex 200mg (1 capsule twice daily) and One month supply of Robaxin 500mg (1 tablet twice daily) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month supply of Celebrex 200mg (1 capsule twice daily): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-70.

Decision rationale: Celebrex is the selective COX-2 non-steroidal anti-inflammatory drug celecoxib. It has been useful in the treatment of osteoarthritis, ankylosing spondylitis, and rheumatoid arthritis. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis, it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for hypertension and renal function have been reported with COX-2 NSAIDs. Record of pain and function with the medication should be documented. The records indicate that the patient had been using Celebrex since at least February 2015 and was not achieving relief. Long term use increases the risk of side effects with no documented benefit. The request should not be authorized.

One month supply of Robaxin 500mg (1 tablet twice daily): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Robaxin is the muscle relaxant methocarbamol. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Side Effects include drowsiness, dizziness and lightheadedness. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been taking Robaxin since at least January 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.

One month supply Nexium 40mg (1 capsule daily): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Nexium is the proton pump inhibitor (PPI), esomeprazole. PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.