

Case Number:	CM15-0145891		
Date Assigned:	08/06/2015	Date of Injury:	01/11/2007
Decision Date:	09/17/2015	UR Denial Date:	07/17/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial injury on January 11, 2007. The worker was employed as an office manager accountant. A progress note dated July 14, 2015 reported status post neck and back injury treated with physical therapy and epidural steroid injection. There is note of a cervical epidural reducing the pain along with the use of medications: Amitiza, Celebrex, Zanaflex, and Norco. At a follow up on June 29, 2015 current medication regimen consisted of: Adderall, Amitiza, Celebrex, Diazepam, Norco 10mg, Vimovo, Zyprexa, and Zanaflex. The following diagnoses were applied: pain in joint involving pelvic region and thigh; lumbago; sciatica; cervicgia; other symptoms referable to back; thoracic sprain and strain and motor vehicle traffic accident of unspecified nature. The following were noted prescribed this visit: Amitiza, Celebrex, Zanaflex, and Norco 10mg. She is noted being permanent and stationary. At follow up dated April 06, 2015 the following medications were prescribed: Celebrex, and Norco. Again on March 09, 2015 the following medications were prescribed: Amitiza, Zanaflex, and Norco 10mg. Back in November 2014, the following were noted prescribed: Vimovo, and Norco 10mg. September 23, 2014 at a primary follow up the following medications were prescribed: Amitiza 8mcg, and 24mcg, Zanaflex, Celebrex, Norco 10mg, and Vimovo. Of note, Amitiza 8mcg noted discontinued. The worker is stated with increased radicular symptoms and pending a cervical epidural administration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: The claimant has a remote history of a work injury occurring in January 2007 and continues to be treated for neck and low back pain. When seen, medications are referenced as decreasing pain from 9/10 to 5/10. The claimant has a history of opioid induced constipation and prior medications had included MiraLAX, lactulose, propylene glycol, and Colace. These side effects had resolved when she had been prescribed Amitiza. Her past medical history was negative for gastrointestinal bleeding or peptic ulcer disease and review of systems was negative. Physical examination findings included decreased cervical spine range of motion. There was decreased upper extremity sensation and grip strength. There was decreased lumbar spine range of motion with positive right straight leg raising. There was decreased right shoulder range of motion. There was right greater trochanteric tenderness with decreased active range of motion and an antalgic gait. Medications were refilled. Norco, Vimovo, and Celebrex were being prescribed. Medications also included diazepam and Zanaflex which had been prescribed since at least February 2015. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

Celebrex 200mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2007 and continues to be treated for neck and low back pain. When seen, medications are referenced as decreasing pain from 9/10 to 5/10. The claimant has a history of opioid induced constipation and prior medications had included MiraLAX, lactulose, propylene glycol, and Colace. These side effects had resolved when she had been prescribed Amitiza. Her past medical history was negative for gastrointestinal bleeding or peptic ulcer disease and review of systems was negative. Physical examination findings included decreased cervical spine range of motion. There was decreased upper extremity sensation and grip strength. There was decreased lumbar spine range of motion with positive right straight leg raising. There was decreased right shoulder range of motion. There was right greater trochanteric tenderness with decreased active range of motion and an antalgic gait. Medications were refilled. Norco, Vimovo, and Celebrex

were being prescribed. Medications also included diazepam and Zanaflex, which had been prescribed since at least February 2015. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. Additionally, the claimant is taking another NSAID medication and prescribing two medications in this class is duplicative. Celebrex is not medically necessary.

Amitiza 8mcg #120 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/amitiza.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2007 and continues to be treated for neck and low back pain. When seen, medications are referenced as decreasing pain from 9/10 to 5/10. The claimant has a history of opioid induced constipation and prior medications had included MiraLAX, lactulose, propylene glycol, and Colace. These side effects had resolved when she had been prescribed Amitiza. Her past medical history was negative for gastrointestinal bleeding or peptic ulcer disease and review of systems was negative. Physical examination findings included decreased cervical spine range of motion. There was decreased upper extremity sensation and grip strength. There was decreased lumbar spine range of motion with positive right straight leg raising. There was decreased right shoulder range of motion. There was right greater trochanteric tenderness with decreased active range of motion and an antalgic gait. Medications were refilled. Norco, Vimovo, and Celebrex were being prescribed. Medications also included diazepam and Zanaflex which had been prescribed since at least February 2015. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant has constipation due to opioids and other medications have not been effective. Amitiza was medically necessary.