

<b>Case Number:</b>	CM15-0147983		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/15/1986
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain with derivative complaints of headaches, anxiety, and depression reportedly associated with an industrial injury of July 15, 1986. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve requests for Celebrex and cyclobenzaprine. A July 13, 2015 RFA form and an associated progress note of the same date was referenced in the determination. The claims administrator apparently issued a partial approval of cyclobenzaprine for weaning or tapering purposes. Norco was approved, it was incidentally noted. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported ongoing complaints of neck pain with derivative complaints of anxiety, depression, and panic attacks. The applicant was on Vicodin, Celebrex, Effexor, Flexeril, and Xanax, it was reported. The applicant had comorbidities including morbid obesity, it was acknowledged. The applicant was not working and was deemed "disabled," it was acknowledged in the Social History section of the note. The applicant was using Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits. Multiple medications were renewed, without much discussion of medication efficacy. 8/10 pain complaints were reported toward the bottom of the note. The applicant was visibly anxious. The treating provider contended that the applicant was using the medications in question appropriately but did not elaborate further. Drug testing was apparently consistent with prescribed opioids, the treating provider reported. Toward the top of the note, the attending provider stated that the applicant's pain medications were reducing the pain scores by 50%. The

attending provider acknowledged that the applicant's activities had not increased despite receipt of medications and despite receipt of cervical radiofrequency ablation procedures. In the Social History of the note, the attending provider stated that the applicant's ability to do household chores had been ameliorated as a result of ongoing medication consumption but did not seemingly elaborate further.

### **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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

**Decision rationale:** No, the request for Celebrex, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at heightened risk for development of gastrointestinal complications, here, however, the July 13, 2015 progress note in question made no mention of the applicant's having a history of reflux. There was likewise no mention of the applicant's having had prior issues with GI bleeding, peptic ulcer disease, etc., which would have compelled provision of Celebrex in favor of non-selective NSAIDs such as Motrin or naproxen. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off work; it was acknowledged on July 13, 2015. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged on that date. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Norco or passive modalities such as acupuncture, the treating provider acknowledged on July 13, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.

**Cyclobenzaprine 10mg, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco and Celebrex. It was further noted that the 30-tablet supply of cyclobenzaprine in question represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.