

Case Number:	CM15-0163892		
Date Assigned:	09/01/2015	Date of Injury:	05/10/2010
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/20/2015

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

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 53-year-old female, who sustained an industrial injury on 5-10-10. She reported right neck, right upper extremity and low back injuries after slipping in water and falling on right side. The injured worker was diagnosed as having spasm of muscle, lumbar facet syndrome, lumbar degenerative disc disease, low back pain, gout, shoulder pain, elbow pain, hand pain, lumbar disc displacement without myelopathy and lateral epicondylitis. Treatment to date has included oral medications including Celebrex 200mg, Norco 10-325mg, Lorzone 750mg, Neurontin 300mg, Trazodone 50mg and Venlafaxine 75mg; right rotator cuff repair, right wrist arthroscopy, lumbar left and right median branch block, transcutaneous electrical nerve stimulation (TENS) unit, activity modifications, H-wave treatment, aqua therapy and physical therapy. Multiple (MRI) magnetic resonance imaging studies are noted within the progress note, however there are no reports submitted for review. Currently on 7-14-15, the injured worker complains of neck pain, lower backache and right upper extremity pain rated 5 out of 10 with Norco and 9 out of 10 without medications. She notes quality of sleep is poor and worsened without Neurontin. Work status is noted to be permanent and stationary with work restrictions. Physical exam performed on 7-14-15 revealed restricted range of motion of cervical spine with hypertonicity, spasm, tenderness and tight muscle band of cervical paravertebral muscles, tenderness and tight muscle band on left lumbar region of palpation with tenderness over sacroiliac spine and tenderness over acromioclavicular joint of right shoulder. A request for authorization was submitted on 7-29-15 for Lorzone 750mg #60, Celebrex 200mg #30, Neurontin 300mg #60 and Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with neck pain, lower backache, and right upper extremity pain. The request is for LORZONE 750MG #60. The request for authorization is dated 07/29/15. The patient is status post right shoulder arthroscopy, 11/08/10. Status post right wrist arthroscopy & debridement, 10/11/13. Left lumbar MBB, 11/22/13, and right lumbar MBB, 03/22/13. Physical examination of the cervical spine reveals range of motion is restricted and limited by pain. There is hypertonicity, spasm, tenderness and tight muscle band on the right paravertebral muscles. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Exam of lumbar spine reveals range of motion is restricted and limited by pain. On palpation, paravertebral muscles, tenderness and tight muscle bank is noted on the left side. Lumbar facet loading is positive on the right side. Tenderness noted over the sacroiliac spine, TTP over right side facet joints and sacrum at L3, L4, L5, and S1. Exam of right shoulder reveals movements are restricted with pain. Hawkins, Empty cans, Lift-off tests are positive. Tenderness is noted in the acromioclavicular joint and biceps groove. Exam of right wrist reveals range of motion is restricted with pain. Phalen's and Tinel's signs are positive. Tenderness to palpation is noted over radial side and ulnar side. With medications, patient is able to perform household tasks including laundry, meal preparation and self-care approximately 30-45 minutes at a time. Writing/computer use is limited to 15-30 minutes per hour. Grocery shopping is limited to 30-45 minutes at a time. She is not trying any other therapies for pain relief. Patient's medications include Celebrex, Norco, Lorzone, Neurontin, Trazodone, and Venlafaxine. Per progress report dated 07/14/15, the patient is P&S with work restrictions. MTUS Guidelines, Muscle Relaxants for pain Section, page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Per progress report dated 07/14/15, treater's reason for the request is "twice daily as needed for muscle spasm." Patient has been prescribed Lorzone since at least 05/20/15. However, treater does not discuss or document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS guidelines do not support long-term use of muscle relaxants such as this medication for pain, and generally only support use for 2-3 weeks in the acute phase. Therefore, the request IS NOT medically necessary.

Celebrex 200mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with neck pain, lower backache, and right upper extremity pain. The request is for CELEBREX 200MG #30 WITH 3 REFILLS. The request for authorization is dated 07/29/15. The patient is status post right shoulder arthroscopy, 11/08/10. Status post right wrist arthroscopy & debridement, 10/11/13. Left lumbar MBB, 11/22/13, and right lumbar MBB, 03/22/13. Physical examination of the cervical spine reveals range of motion is restricted and limited by pain. There is hypertonicity, spasm, tenderness and tight muscle band on the right paravertebral muscles. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Exam of lumbar spine reveals range of motion is restricted and limited by pain. On palpation, paravertebral muscles, tenderness and tight muscle bank is noted on the left side. Lumbar facet loading is positive on the right side. Tenderness noted over the sacroiliac spine, TTP over right side facet joints and sacrum at L3, L4, L5, and S1. Exam of right shoulder reveals movements are restricted with pain. Hawkins, Empty cans, Lift-off tests are positive. Tenderness is noted in the acromioclavicular joint and biceps groove. Exam of right wrist reveals range of motion is restricted with pain. Phalen's and Tinel's signs are positive. Tenderness to palpation is noted over radial side and ulnar side. With medications, patient is able to perform household tasks including laundry, meal preparation and self-care approximately 30-45 minutes at a time. Writing/computer use is limited to 15-30 minutes per hour. Grocery shopping is limited to 30-45 minutes at a time. She is not trying any other therapies for pain relief. Patient's medications include Celebrex, Norco, Lorzone, Neurontin, Trazodone, and Venlafaxine. Per progress report dated 07/14/15, the patient is P&S with work restrictions. MTUS, Anti-inflammatory medications Section, page 22, has the following: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." Per progress report dated 07/16/15, treater's reason for the request is "as needed." Patient has been prescribed Celebrex since at least 08/20/14. NSAID's are indicated by MTUS as first line treatment to reduce pain. However, Celebrex is not indicated for all patients, according to guidelines. In this case, treater has not discussed GI complications, nor documented that the patient was previously prescribed other oral NSAIDs. The request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.