

<b>Case Number:</b>	CM15-0185874		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 64 year old male, who sustained an industrial injury on December 14, 2010. He reported chronic neck pain radiating to the shoulders with associated headache on a pain management evaluation on February 2, 2015. The injured worker was diagnosed as having musculoligamentous sprain of the cervical spine with upper extremity radiculitis, right shoulder tendinitis, carpometacarpal joint inflammation of bilateral thumbs, bilateral wrist tendinitis, chronic neck pain status post mixed level ACD&F in August 2012, status post cervical fusion on August 1, 2014, cervical spondylosis, cervicogenic headache, myofascial pain and spasm, history of chronic severe back pain with a history of back injury, multiple level disc degeneration and lumbar spondylosis, severe spinal stenosis symptoms, hypertension, diabetes and poor sleep hygiene secondary to pain. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the cervical spine, medications and work restrictions. The pain management Evaluation on February 2, 2015 noted Celebrex and Baclofen were continued. Evaluation on March 2, 2015, revealed constant neck and shoulder pain with associated headache. He noted his quality of sleep was poor secondary to pain. He rated his average pain, his mood since the last visit and his functional level since the last visit at 6-7 on a 1-10 scale with 10 being the worst. Evaluation on May 4, 2015, revealed continued neck pain, right shoulder pain, headaches, ringing in the ears, right shoulder stiffness with decreased range of motion, bilateral wrist stiffness with loss of gripping and grasping and bilateral thumb stiffness. It was noted he had not attended physical therapy at that point. Evaluation on July 20, 2015, revealed no changes since the previous visit. Evaluation on August 11, 2015, revealed ongoing pain unchanged since the previous visit. Medications including Baclofen and Celebrex were continued. The RFA included requests for Baclofen 20mg 2 times a day as needed, #60 and

Celebrex 200mg 2 times a day, #60 and was non-certified on the utilization review (UR) on August 21, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Celebrex 200mg 2 times a day, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2010 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Celebrex 200mg 2 times a day, #60 is not medically necessary and appropriate.

**Baclofen 20mg 2 times a day as needed, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any specific functional improvement from treatment of Baclofen being prescribed in terms of improved work status, decreased medication profile, decrease medical utilization or increased ADLs for this chronic injury without acute flare, new injury, or progressive neurological deterioration to support its continued use. The Baclofen 20mg 2 times a day as needed, #60 is not medically necessary and appropriate.