

Case Number:	CM15-0191649		
Date Assigned:	10/05/2015	Date of Injury:	03/07/2013
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana

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:

This injured worker is a 57 year old male who reported an industrial injury on 3-7-2013. His diagnoses, and or impressions, were noted to include: right rotator cuff tears, status-post arthroscopic and open surgery; degenerative right shoulder arthritis; recurrent re-tear of the supraspinatus tendon; and chronic pain syndrome. Recent repeat magnetic resonance imaging studies were said to be done on 7-4-2015; magnetic resonance imaging studies were said to have been done on 5-28-2013 & 12-28-2013. His treatments were noted to include: right shoulder surgeries (10-4-13 & 3-24-14); an agreed medical evaluation on 8-6-2014; medication management; and rest from work. The progress notes of 9-2-2015 reported complaints, which included: constant right shoulder pain, rated 10 out of 10, that intermittently radiated down the arm, rated 5 out of 10, and was increased with heavy lifting, movements and activities, and was decreased with rest and heat therapy; and that he was unable to rest unless he took his medications. The objective findings were noted to include: obesity; tenderness over the right shoulder with painful passive range-of-motion; and decreased right shoulder deep tendon reflexes in the biceps, triceps and brachioradialis. The physician's requests for treatment was noted to include: adding Celebrex 200 mg, 1-2 tabs daily, #60, to be used with Norco, because he may require surgery and will be able to continue taking his medication; to also add Flexeril 10 mg, one-half - one tabled at bedtime as needed for pain and spasms, #30; and Neurontin 100 mg, 1-3 at bedtime, #60. The Request for Authorization, dated 9-10-2015, was noted for Celebrex 200 mg, #60, Flexeril 10 mg, #30, and Neurontin 100 mg, #60. The Utilization Review of 9-17-2015 non-certified the request for Flexeril 10 mg, 0.5 - 1 tablet at bedtime, #30, Neurontin 100mg, 1-3 tablets at bedtime, #60, and Celebrex 200 mg, 1-2 tablets daily, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1/2-1 tab at bedtime #30: 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 MTUS notes that cyclobenzaprine (Flexeril) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Flexeril is not recommended to be used for longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment 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. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. In this case, the medical records show that Flexeril was prescribed for a duration of at least 4 weeks. No muscle spasm or spasticity is documented by the provider ordering the Flexeril. The use of Flexeril in this situation is not consistent with the MTUS guidelines. The request for Flexeril 10mg 1/2-1 tab at bedtime #30 is not medically necessary.

Neurontin 100mg 1-3 at bedtime #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): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin is an anti-epilepsy drug. The MTUS recommends use of antiepileptic drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to the use of antiepileptic drugs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects and concurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the medical records provided document right shoulder pain with recurrent rotator cuff tear and arthritis but do not document a diagnosis of neuropathic pain. The use of Neurontin is not consistent with the MTUS guidelines. The request for Neurontin 100mg 1-3 at bedtime #60 is not medically necessary.

Celebrex 200mg 1-2 tabs daily #60: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Celebrex.

Decision rationale: The MTUS and ODG guidelines state that Celebrex is the brand name for celecoxib, and it is produced by [REDACTED]. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. See Anti-inflammatory medications. See NSAIDs (non-steroidal anti-inflammatory drugs) for specific patient decision-making criteria. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. See also NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; & NSAIDs, specific drug list & adverse effects for general guidelines, as well as specific Celecoxib (Celebrex) listing for more information and references. A large systematic review of available evidence on NSAIDs confirms that naproxen and low-dose ibuprofen are least likely to increase cardiovascular risk. Celecoxib (Celebrex), on the whole, had a slightly increased risk of cardiovascular events at low and high doses, although there were few studies testing doses >200 mg/day. Celecoxib, especially at doses >400 mg/day, should be avoided in patients at high risk of cardiovascular disease. (McGettigan, 2011) [Celebrex ranked #6 in amount billed for WC in 2011. (Coventry, 2012) Specific recommendations: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors.

NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) In this case, Celebrex was recommended for use as an anti-inflammatory agent since surgery was being considered and Celebrex would not have to be discontinued immediately before surgery. With a diagnosis of right shoulder arthritis, the use of Celebrex is consistent with the MTUS and ODG guidelines. The request for Celebrex 200mg 1-2 tabs daily #60 is medically necessary.