

<b>Case Number:</b>	CM15-0199435		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 is a 29 years old male patient, who sustained an industrial injury on 9-25-2014. He sustained the injury due to slipping and falling inside the freezer. The diagnoses include persistent low back pain and bilateral lower extremity pain. Per the doctor's note dated 9-17-2015, he had complains of back pain radiating to the lower extremities. The treating physician indicated he was working full time that "Norco brings pain from 9 to 3 out of 10" and "Zanaflex helps with his myofascial pain and back pain. Celebrex also helps during the day." Physical exam dated 9-17-2015 revealed no acute distress and tenderness to palpation of the lumbar paraspinal muscles. Per the note dated 11/13/14, the patient has tried Tramadol, ibuprofen, naproxen and Flexeril and indicated "they really have not helped that much." The patient also tried Relafen. The current medications list includes Zanaflex, Celebrex, Norco and gabapentin. He has had lumbar spine MRI on 12/4/2014, which revealed disc protrusion with annular tear at L5-S1. He has had epidural steroid injection and acupuncture for this injury. The original utilization review dated 10-1-2015 indicates the request for 3 Norco 5-325mg #60, Zanaflex 4mg #30 with 3 refills and Celebrex 200mg #30 with 3 refills is modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Norco 5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

**Decision rationale:** Request: 3 Norco 5/325mg #60. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to antidepressant for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. 3 Norco 5/325mg #60 is not medically necessary for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Zanaflex 4mg #30 with 3 refills:** Overturned

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

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

**Decision rationale:** Request: Zanaflex 4mg #30 with 3 refills. Antispasticity/antispasmodic drugs: Tizanidine (Zanaflex) page 66. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The patient has chronic low back pain with radiation down the lower extremity. The patient has objective abnormalities on the musculoskeletal physical examination- tenderness to palpation of the lumbar paraspinal muscles. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg #30 with 3 refills is medically necessary for this patient.

**Celebrex 200mg #30 with 3 refills:** Upheld

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

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

**Decision rationale:** Request: Celebrex 200mg #30 with 3 refills. Celebrex contains Celecoxib, which 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. According to CA MTUS chronic pain medical treatment guidelines "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. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) 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." Per the records provided patient had chronic low back pain. According to the cited guidelines, Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. Per the note dated 11/13/14, the patient has tried ibuprofen, naproxen and indicated "they really have not helped that much." The patient has also tried Relafen. Celecoxib has similar efficacy as other NSAIDS, which have already been tried without much benefit. In addition, per the cited guidelines 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. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Celebrex 200mg #30 with 3 refills is not medically necessary for this patient at this time.