

Case Number:	CM15-0020204		
Date Assigned:	02/09/2015	Date of Injury:	06/03/1999
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/03/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 injured worker is a 59 year old male who sustained a work related injury, electrocution, June 3, 1999. Past history included s/p multiple skin grafts secondary to electrocution, s/p left carpal tunnel release with radial and ulnar nerve decompression at the elbow, May 2000, s/p right shoulder arthroscopy with subacromial decompression and rotator cuff repair via arthrotomy, September 2000, s/p left shoulder arthroscopy with subacromial decompression, debridement of labral tear and debridement of partial thickness rotator cuff tear November 2001, and s/p right foot transmetatarsal amputation. According to a treating physician's progress report dated January 6, 2015, the injured worker presented with complaints of a sudden onset of pain described as constant deep aching and throbbing. He has been experiencing this pain for more than 10 years. The pain radiates to the bilateral upper and lower extremities, rated 7/10. Diagnoses are documented as spinal stenosis cervical region; spasmodic torticollis; phantom limb; unspecified testicular dysfunction and headache. Treatment plan is to continue medications and provide scripts for needles and syringes for administering Testosterone from home. According to utilization review dated January 19, 2015, the request for Celebrex is non-certified citing MTUS Chronic Pain Medical Treatment Guidelines. The request for SLeixin is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Xanax is non-certified, citing MTUS and ODG Guidelines. The review does not included dosage and frequency for determinations made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 61,65.

Decision rationale: Per MTUS: Metaxalone (Skelaxin) Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references. Metaxalone (Skelaxin, generic available) is reported to be a relatively non-sedating muscle relaxant. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. Metaxalone was approved by the FDA in 1964 and data to support approval were published in the mid-1960s. (Toth, 2004) Side Effects: Dizziness and drowsiness, although less than that compared to other skeletal muscle relaxants. Other side effects include headache, nervousness, nausea, vomiting, and GI upset. A hypersensitivity reaction (rash) has been reported. Use with caution in patients with renal and/or hepatic failure. Dosing: 800 mg three to four times a day (See, 2008) Long term usage of this medication would not be indicated. The patient had no demonstrated neurologic deficits.

Celebrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 22,30,70-71.

Decision rationale: Celebrex is a type of NSAID. Per MTUS: Anti-inflammatory medications For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Antiinflammatories 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) See also Nonprescription Medications. 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-2s versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk. Celebrex is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib is a nonsteroidal 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 Antiinflammatory 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. The patient had chronic pain issues however long term usage of this medication would not be indicated.

Xanax: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 24,124.

Decision rationale: Xanax is a Benzodiazepine. Per MTUS: Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) Chronic usage of this medication would not be indicated, as per guidelines above.