

<b>Case Number:</b>	CM15-0038336		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/13/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old male sustained an industrial injury to the back, neck and bilateral upper extremities on 7/13/03. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. In a PR-2 dated 10/14/14, the physician noted that the injured worker could not take hydrocodone due to elevated liver enzymes related to fatty liver disease. In a PR-2 dated 1/12/15, the injured worker complained of ongoing back pain and bilateral leg pain rated 9/10 on the visual analog scale. The injured worker reported that with medications his pain was 4/10 and 10/10 without medications. Physical exam was remarkable for ambulation with a limp, muscle spasms in the lumbar trunk, back and neck with limited range of motion, bilateral wrists with positive Finklestein's maneuver, right hand with positive Phalen's and Tinel's signs and triggering of the right long finger. Current diagnoses included lumbar degenerative disc disease, low back pain with flare up, cervical spine sprain/strain, thoracic spine disc herniation, carpal tunnel syndrome right hand, right trigger finger and bilateral thumb carpometacarpal joint arthritis. The treatment plan included continuing medications (Nucynta, Celebrex and Amrix).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Amrix, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Amrix is not justified. Therefore, the request for authorization of Amrix is not medically necessary.

**Celebrex 200 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Anti inflammatory medications Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose. Therefore, the prescription of Celebrex 200mg #60 is not medically necessary.