

Case Number:	CM15-0052406		
Date Assigned:	03/27/2015	Date of Injury:	06/11/1996
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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 54 year old female patient who sustained an industrial injury on 06/11/1996. The current diagnoses include acute flare-up of neck and low back pain, chronic persistent neck, low back, and lower extremity pain, chronic neck, low back, and extremity pain, and major depression with suicidal ideation. Per the note dated 02/19/2015 she had complaints of pain over the cervical spine, radiation down the right upper extremity, pain in the low back affecting the lower extremities, pain in the right shoulder, and headaches. Physical examination revealed lumbar and cervical paraspinal tenderness and spasm, restricted range of motion and positive straight leg raising test bilaterally. The current medications list includes Effexor XR, Lidoderm patches, Robaxin, Celebrex, Laxacin (docusate/senna), Trazadone, omeprazole, compound cream and Medrol dosepak. She has undergone multiple spine surgeries including L4-S1 laminectomy and fusion in 2000. She has had physical therapy, psychotherapy, acupuncture, aquatic therapy, injections and spinal cord stimulator for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, page 63.

Decision rationale: Request: Robaxin 750mg #150. Robaxin contains Methocarbamol, which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen". The level of the pain with and without medications is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Muscle relaxants are not recommended for long periods of time. Robaxin 750mg #150 is not medically necessary for this patient at this juncture.

Celebrex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22Celebrex, Page 30.

Decision rationale: Request: Celebrex 100mg #60. 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. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months". (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) According to the cited guidelines, Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. 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. Response to generic NSAIDs like

ibuprofen or naproxen is not specified in the records provided. Celebrex 100mg #60 is not medically necessary for this patient at this time.

Effexor XR 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor), page 123.

Decision rationale: Request: Effexor XR 150mg #60. According to CA MTUS guidelines cited below Venlafaxine (Effexor) is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders." According to the records provided, patient had chronic low back and neck pain with history of multiple spine surgeries. The patient has chronic low back pain with a neuropathic component. She also has had depression secondary to pain. SNRIs like Effexor are a first line option for patients with neuropathic pain and depression. The request for Effexor XR 150mg #60 is medically necessary and appropriate for this patient.