MAXIMUS Federal Services

Case Number:	CM15-0080281		
Date Assigned:	05/01/2015	Date of Injury:	02/08/1997
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: California
Certification(s)/Specialty: Emergency 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 54 year old female, who sustained an industrial injury on 2/08/1997. Diagnoses include status post laminectomy syndrome, internal derangement of the right shoulder and fibromyalgia. Treatment to date has included diagnostics, medications, surgical intervention, radiofrequency ablation (10/10/2014), home exercise and aqua therapy. Per the Primary Treating Physician's Progress Report dated 3/25/2015, the injured worker reported neck, bilateral shoulders low back and bilateral leg pain. Pain is rated as 8-10/10 without medication. Physical examination revealed full range of motion of the neck. Subjective pain was reported with pressure over the facet processes on the right. The right middle trapezius was painful to palpation. There was tenderness to palpation over the lateral aspect of the right scapular spine. There was spasming in the left middle trapezius radiating to the left shoulder. There was a palpable myofascial band about 6cm to the right of the midline just below the iliac crest and another just above the iliac crest on the right with referral to the right buttock. Straight leg raise was positive on the right at 45 degrees. The plan of care included medications and authorization was requested for Flexeril, Celebrex and Clonidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10mg, #30: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. Chronic use is not recommended. Flexeril is not medically necessary.

Clonidine (Catapress) 0.1mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain: Weaning, opioids (specific guidelines).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines clonidine may be used for opioid withdrawal. Usual regiment is 0.1mg 3-4times a day and weaned over 5-10days as long as there is no contraindication to use. Risk of use is hypotension and sedation. Pt was recently denied Suboxone and is having withdrawals. While clonidine use is indicated with withdrawals, the provider has failed to document appropriate assessment of risk of clonidine therapy and appropriate plan for close monitoring during immediate phase of therapy. Requested clonidine for withdrawals cannot be recommended due to poor documentation of close monitoring. Clonidine is not medically necessary.

Celecoxib (Celebrex) 200mg, #15: 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 NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Celebrex is a COX-2 selective inhibitor, an NSAID. As per MTUS Chronic pain guidelines, COX-2 inhibitors like Celebrex is recommended only for patient's with risk of gastrointestinal events like bleeds or failure of other treatment modalities like PPIs. There is no documentation of patient's other medical problems or any risks for GI events. Without documentation of increased GI bleeding risk or NSAID related dyspepsia with failure of PPIs, Celebrex is not medically necessary.