

Case Number:	CM15-0109631		
Date Assigned:	06/16/2015	Date of Injury:	03/17/1998
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old female, who sustained an industrial injury on 3/17/98. She reported left neck and shoulder pain. The injured worker was diagnosed as having long term use of medications, carpal tunnel syndrome bilaterally status post 3 surgeries, and cervical post-laminectomy syndrome. Treatment to date has included left carpal tunnel release in 1998, anterior cervical fusion from C5-7 in 1998, cervical facet blocks on 5/21/13, and medication. Physical examination findings on 3/13/15 included cervical spine tenderness to palpation of the cervical paraspinal muscles with muscle tension extending into the bilateral upper trapezius muscles. Cervical range of motion was decreased with extension, flexion, and bilateral rotation. Pain on 5/15/15 was rated as 10/10. Currently, the injured worker complains of neck, shoulder, and upper extremity pain. The treating physician requested authorization for Celebrex 200mg #30 with 2 refills and Flexeril #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, shoulder and arm. There was no discussion detailing how function was improved with this medication, describing monitoring for complications, indicating how often the medication was needed and used, or detailing the worker's individualized risk. The discussion did not sufficiently describe special circumstances to support this request. In the absence of such evidence, the current request for thirty tablets of Celebrex (celecoxib) 200mg with two refills is not medically necessary.

Flexeril #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

Decision rationale: Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, shoulder and arm. These records indicated the worker had been taking this medication for a prolonged amount of time, and the discussion did not sufficiently describe special circumstances to support this request for long-term use. Further, the request was for an unspecified dose, which would not allow for an assessment of medical need or account for changes in the worker's care needs. For these reasons, the current request for 90 tablets of Flexeril (cyclobenzaprine) at an unspecified dose with two refills is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

