

<b>Case Number:</b>	CM15-0115491		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old male, who sustained an industrial injury on 03/21/2011. He reported the development of pain to the shoulder and cervical spine secondary to repetitive work activities. The injured worker was diagnosed as having pain to the shoulder joint, post laminectomy syndrome of the cervical region, cervicgia, cervicobrachial syndrome, status post shoulder surgery, status post neck surgery, and enthesopathy with site not otherwise specified. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder, physical therapy, medication regimen, x-ray of the cervical spine, magnetic resonance arthrogram of right shoulder, electromyogram with nerve conduction velocity, and magnetic resonance imaging of the cervical spine. In a progress note dated 03/31/2015 the treating physician reports complaints of throbbing pain to the right shoulder, pain to the base of the neck, stiffness to the neck and shoulder blades, and numbness to the fingers and elbow. Examination reveals painful range of motion to the right shoulder, restricted and painful range of motion to the cervical spine, tight muscle bands and trigger points to the paravertebral muscles of the cervical spine, and tenderness to the glenohumeral joint, subdeltoid bursa, and the right trapezius muscle. The injured worker's current medication regimen includes Lunesta, Celebrex, and Flexeril (Cyclobenzaprine). The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of his current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medication of Celebrex 200mg with a quantity of 30 and Flexeril 10mg with a quantity of 30 noting current use of these medications as noted above along with noting that the injured worker's Flexeril was decreased to be given at nights instead of twice a day.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury and March 2011 and continues to be treated for right shoulder pain. Medications have included Naprosyn and omeprazole, which were discontinued. Celebrex is being prescribed and Flexeril has been prescribed on a long-term basis. His past medical history is that of sleep apnea, anxiety, and depression. When seen, there was decreased and painful shoulder range of motion with positive impingement testing. There was decreased and painful cervical spine range of motion with trigger points. Spurling's testing was negative for radicular symptoms. The claimant's BMI is over 36. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex over a non-selective medication. Additionally, naproxen had been ineffective. Celebrex would not be expected to be any more effective in terms of anti-inflammatory properties. The request is not medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

**Decision rationale:** The claimant sustained a work injury and March 2011 and continues to be treated for right shoulder pain. Medications have included Naprosyn and omeprazole, which were discontinued. Celebrex is being prescribed and Flexeril has been prescribed on a long-term basis. His past medical history is that of sleep apnea, anxiety, and depression. When seen, there was decreased and painful shoulder range of motion with positive impingement testing. There was decreased and painful cervical spine range of motion with trigger points. Spurling's testing was negative for radicular symptoms. The claimant's BMI is over 36. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.