

Case Number:	CM15-0066197		
Date Assigned:	04/14/2015	Date of Injury:	12/23/2011
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder, hand, low back and upper extremity pain reportedly associated with an industrial injury of December 23, 2011. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve requests for tramadol, Celebrex, and Zanaflex. A progress note of February 10, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of hand, neck, and shoulder pain with derivative complaints of headaches. The applicant was not working. The applicant's pain complaints were interfering with activities of daily living, work activities, and sleep, it was reported. The applicant's medication list included Celebrex, Lidoderm, and Zanaflex; it was stated toward the top of the report. The applicant exhibited visibly antalgic gait. MRI studies of the lumbar spine, left shoulder, left knee, and left hip were endorsed. Tramadol, Celebrex, Lidoderm and Zanaflex were prescribed. Additional physical therapy was endorsed. On December 13, 2014, the applicant was again given prescriptions for tramadol, Celebrex, Lidoderm, and Zanaflex. The applicant, once again, was described as off of work. The December 17, 2014 progress note, it was incidentally noted, was, in large portion, identical to the subsequent note of March 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI, renal, cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for Celebrex, a COX 2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that COX-2 inhibitors such as Celebrex may be considered in applicants who have a risk of GI complications, in this case, however, there was no explicit mention of the applicant's having a heightened risk of or a history of GI complications on the February 10, 2015 progress note in question. An earlier note of November 19, 2014, it was incidentally noted, explicitly documented a negative GI review of systems. Therefore, the request was not medically necessary.

Zanaflex #60: 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Zanaflex (tizanidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off labeled for low back pain as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work as of the date of the request. The applicant not only reported difficulty performing work activities, but stated that various other activities of daily living including standing, walking, bending, lifting, and sleeping remain problematic, despite ongoing tizanidine (Zanaflex) usage. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioids agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Tramadol #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work. Activities of daily living as basic as standing, walking, bending, lifting, sleeping remain problematic, the treating reported on that date. All of the foregoing, taken together did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request was not medically necessary.