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| <b>Case Number:</b>   | CM15-0072576 |                              |            |
| <b>Date Assigned:</b> | 04/22/2015   | <b>Date of Injury:</b>       | 08/13/2004 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 04/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2015 |

### 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 64 year old male who sustained an industrial injury on 08/13/2004. Current diagnoses include multiple level cervical disc protrusions, C6-C7 bilateral foraminal stenosis, cervicgia with bilateral cervical radiculopathy. Previous treatments included medication management, home exercises, physical therapy, chiropractic therapy, and epidural injections. Report dated 02/19/2015 noted that the injured worker presented with complaints that included neck pain and bilateral upper extremity radiating pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included recommendation of repeat cervical epidural injections was requested. Disputed treatments include Cyclobenzaprine, Celebrex, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60:** 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 (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for neck pain with bilateral upper extremity radiating symptoms. When seen, there was decreased cervical spine range of motion with the production of numbness and tingling in the hands after performing Spurling and foraminal compression testing. Medications included Cyclobenzaprine being prescribed on a long-term basis. Celebrex is being prescribed at 200 mg 1-2 times per day. 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 continued long term use and was therefore not medically necessary.

**Celebrex 200mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects, p70. Decision based on Non-MTUS Citation Celebrex prescribing information.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for neck pain with bilateral upper extremity radiating symptoms. When seen, there was decreased cervical spine range of motion with the production of numbness and tingling in the hands after performing Spurling and foraminal compression testing. Medications included Cyclobenzaprine being prescribed on a long-term basis. Celebrex is being prescribed at 200 mg 1-2 times per day. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain and radicular pain syndromes. The claimant is being treated for both of these diagnoses. The claimant is nearly 65 years old and guidelines recommend prescribing a selective COX- 2 medication such as Celebrex. Although the usual maximum dose is 200 mg per day, dosing up to 400 mg can be considered. Therefore, Celebrex is medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects, p70.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for neck pain with bilateral upper extremity radiating symptoms. When seen, there was decreased cervical spine range of motion with the production of numbness and tingling in the hands after performing Spurling and foraminal compression testing. Medications included Cyclobenzaprine being prescribed on a long-term basis. Celebrex is being prescribed at 200 mg 1-2 times per day. In terms of Prilosec, guidelines recommend either a non-selective non-steroidal anti-inflammatory medication with either a proton pump inhibitor or misoprostol or a cox-2 selective agent such as Celebrex. Since the claimant is already taking the selective agent Celebrex, the Prilosec prescribed is not medically necessary