

Case Number:	CM15-0091763		
Date Assigned:	05/18/2015	Date of Injury:	03/31/2003
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year-old female patient, who sustained an industrial injury on 3/31/03. The diagnoses include right shoulder impingement; right thoracic pain; neck and trapezius pain; right thenar/carpal-metacarpal/PIP/Wrist pain with episodes of locking; chronic back pain. Per the doctor's note dated 4/22/15, she had neck pain, back pain and pain in her hands. Per the PR-2 notes dated 4/13/15, her right shoulder was doing well but has some reduced range of motion. She continues to have pain in the bra strap area with pain levels at 2-8/10. She has some weakness in the right arm but no loss of feeling or sensation. The pain was sharp in her hands which Voltaren helps. A physical examination revealed neck-flexion to 2 fingers, extension to 5 degrees, horizontal- 60 degrees right and 45 degrees left, tender mid back on the right; the right shoulder- abduction to 90 degrees, flexion to 90 degrees to mid low back and to right shoulder; left shoulder- abduction to 90 degrees, flexion to 150 degrees to middle back and to left upper shoulder; 5/5 motor -deltoid, biceps and grip bilaterally, right hand slight swelling; has nearly full range of motion, no tender. The medications list includes flexeril, celebrex, excedrine migraine, fish oil, heat patch, imitrex, lipitor, lisinopril and multivitamins. Treatment to date has included status post right wrist arthroscopic repair of triangular fibrocartilage, ulnar carpal ligaments, synovectomy, tenosynovectomy 5th and 6th compartments (8/2003); status post right thumb dorsal/volar cystic mass and excision /bone spur removal (5/2004). He has requested: Celebrex 200mg #30 with 3 refills; Flexeril 10mg #270 with 3 refills and Voltaren gel 1% with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, page 22Celebrex, page 30.

Decision rationale: Celebrex 200mg #30 with 3 refills. Celebrex contains Celecoxib, which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long- term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients."According to the cited guidelines, Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition, per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Response to generic NSAIDs like ibuprofen or naproxen is not specified in the records provided. The medical necessity of Celebrex 200mg #30 with 3 refills is not medically necessary.

Flexeril 10mg #270 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Flexeril 10mg #270 with 3 refills. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease."According to the records provided patient had chronic neck, back and hand pain. Physical examination revealed restricted range of motion of the neck and shoulder. She has undergone multiple surgeries. Therefore the patient has chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However, the medical necessity of the

request for 270 tablets of flexeril prescribed at one time, for daily long term use, along with 3 refills, without knowing the response to the medication at a follow up visit, the request is not medically necessary.

Voltaren gel 1% with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Voltaren ½ Gel (diclofenac).

Decision rationale: Voltaren gel 1% with 3 refills. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations."The medical necessity of Voltaren gel 1% with 3 refills is not medically necessary.