

<b>Case Number:</b>	CM13-0016878		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services.

### 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 patient is a 46-year-old male who reported an injury on 10/23/2010. The patient's diagnoses include depression, status post multiple surgical corrections of the right wrist, hand, and elbow, multilevel lumbar spine herniations and protrusion, multilevel cervical spine disc herniations, bilateral upper extremity paresthesias, bilateral knee medial meniscal tears. The patient's symptoms include cervical spine pain, lumbar spine pain with numbness and tingling radiating into the right lower extremity, right knee pain, left knee pain, right shoulder pain, and burning and numbness that radiates down into his fingers, hands, and wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram 20mg#30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** California MTUS Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. It states that documentation of treatment efficacy with antidepressants for chronic pain should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic

medications, sleep quality and duration, and psychological assessment. In addition, side effects to include excessive sedation should be assessed. As the clinical information submitted for review lacks detailed documentation of the treatment efficacy regarding the patient's antidepressant to include evaluation of function, changes in use of other analgesia medication, sleep quality, and psychological assessment as required by the guidelines, the request is not supported

**Celebrex 200mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** California MTUS Guidelines state that Celebrex is used for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. As the patient does not have diagnoses to include osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis, the use of Celebrex is not supported at this time. Also, the patient's response to this medication was not provided indicating objective improvement to support continuation.

**Norco 5/325mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, on-going management Page(s): 78.

**Decision rationale:** California MTUS Guidelines state that, for patients who take opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. Additionally, there should be detailed documentation regarding the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. It is stated that monitoring these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. As the clinical information submitted for review fails to include documentation regarding the "4 A's" for ongoing management of opioid medications as required by the guidelines, the request is not supported. Furthermore, recent prescriptions shown in the medical records as well as office notes indicate that the patient is no longer taking Norco, and is instead taking Tramadol.

**Cyclobenzaprine 7.5mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine, (Flexeril®), Page(s): 41.

**Decision rationale:** California MTUS Guidelines state that cyclobenzaprine is recommended as an option for a short course of therapy. It further states that the greatest effect of this medication is in the first 4 days of treatment, and shorter courses may be better, it also reiterates that treatment should be brief. In addition, cyclobenzaprine is not recommended to be added to other agents. As the patient has been noted to be taking this medication long term which is not recommended by guidelines, and is taking other medications to which it is not recommended cyclobenzaprine be added, the request is not supported.