

Case Number:	CM13-0028496		
Date Assigned:	03/14/2014	Date of Injury:	04/28/2003
Decision Date:	04/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 47 year old male presenting low back pain following a work related injury on 04/28/2003. On 8/09/2012 the patient complained of chronic low back pain. The physical exam was significant for pain in the lumbar spine most significantly increasing with forward flexion and extension of lumbar spine, pain most significant with flexion, negative straight leg raise, lumbar myofascial pain, depressed and anxious effect and non-specific antalgic gait. The claimant has tried a multitude of medications from all the different medication classes including Indocin, Ultram, Celebrex, Nortriptyline, Methocarbamol, Vicodin, Toradol, Tramadol, Soma, Cortisone Injections, Motrin, Darvocet, Zostrix cream, Naprosyn and Relafen. The claimant is most recently taking Buspar, and Adderall. The provider recommended Celexa for depression secondary to chronic pain. The claimant was diagnosed with low back pain, chronic intractable pain, coccygodynia, insomnia, myofascial pain, prolonged depressive reaction, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEXA 40MG #30, 5 REFILLS QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): s 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

Decision rationale: Celexa 40mg #30 5 refills is not medically necessary. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Celexa is a selective serotonin reuptake inhibitor. Per CA MTUS SSRIs are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics which is recommended by CA MTUS as first line therapy.

OXYCODONE 15MG # 150, 5 REFILLS QTY: 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): s 75-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79.

Decision rationale: The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore the requested medication of Oxycodone 15 mg #150, 5 refills is not medically necessary.

SOMA 350MG #120, 3 REFILLS QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA (CARISOPRODOL) Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL, Page(s): 29.

Decision rationale: CA MTUS states that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant and its primary active metabolite is meprobamate (schedule for controlled substances). Carisoprodol is now scheduled in several states but not on the federal level. It has been suggested that the main affect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxants effects. On regular basis to maintain concern is the cannulation of medical date. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: Increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to produce relaxation and

euphoria; as a combination with Hydrocodone, and affected some abusers claim is similar to heroin; the combination with codeine. There was a 300% increase in numbers of emergency room episodes related to [REDACTED] from 1994 2005. Intoxication appears to include subjective consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both cars up at all and meprobamate, both of which act on different neurotransmitters. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuations of large doses occur. This is similar to withdrawal from meprobamate. There was no specific time limit for the prescription of this medication or a weaning protocol; therefore Soma is not medically necessary.

ADDERALL 20MG #60 QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADDERALL, [HTTP://WWW.DRUGS.COM/PRO/ADDERALL.HTML](http://www.drugs.com/pro/adderall.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference

Decision rationale: Adderall 20mg #60 is not medically necessary. According to The Physician Desk Reference (PDR), Adderall is a stimulant controlled substance. Adderall is indicated for the treatment of attention deficit hyperactivity disorder and narcolepsy. There is no documentation in the medical records that the claimant has any of the disorders for which the use of Adderall is indicated; therefore the requested medication is not medically necessary.

CAPSAICIN 0.025% #60GM WITH 11 REFILLS QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): s 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): s 111-112.

Decision rationale: Per MTUS page 112, Capsaicin is indicated for fibromyalgia, osteoarthritis and non-specific back pain in patients who have not responded or are intolerant to other treatments. At that point only the formulations of 0.025% is recommended as increasing the concentration has not been found to improve efficacy. The provider recommended Capsaicin for the claimant's chronic low back pain; therefore, the requested medication of Capsaicin 0.025% #60 grams with 11 refills is not medically necessary.

NORCO 10/325MG #135, 3 REFILLS QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - ONGOING MANAGEMENT Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 79.

Decision rationale: The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore Norco is not medically necessary.