

<b>Case Number:</b>	CM13-0035702		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/26/2008
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Anesthesiology, has a subspecialty in < Pain Management and is licensed to practice in California. 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. 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 patient is a 46-year-old female who reported an injury on 03/26/2008. According to the progress report dated 07/10/2013, the patient was seen for complaints of low back pain rated at 8/10 without medications. The patient had been previously taken off of all her medications by a physician who stated she needed physical therapy. Subsequently, the patient's pain became so severe that she had multiple visits to the emergency department for pain management. She states her pain is unchanged and with medications it actually reduces to 4/10. The patient was most recently seen on 09/04/2013 for a follow-up in reference to her alleged injury. The patient stated on this date that if she did not take medication, her pain in the lumbar spine would be 8/10 to 9/10 with radiation to the lower extremities. The patient had gone to the ER regarding a reaction to the Xanax she was taking. On the physical examination, the patient had a positive straight leg raise at 15 degrees on the left side and 25 degrees on the right. On the sensory examination, she was noted to have decreased sensation in the left knee area. Under the treatment plan it was noted the patient had undergone surgery to the left side of the lumbar spine in 04/2011 at the L4-5 level. However, it is unclear which procedure the patient underwent. The patient was placed on modified duties and has been diagnosed with L4-5 degenerative disc disease, central stenosis, status post left L4-5 microlumbar decompression, L4-5 lateral recess stenosis, lumbar radiculopathy, left shoulder surgery x2, cervical sprain, bilateral shoulder sprain, depression, and insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 20mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the California MTUS, opioid tolerance develops with repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time and that pain may be improved with weaning of opioids. In the case of this patient, she had been utilizing this medication since at least 06/2013. Although the documentation notes the patient gets relief from use of her medication, the most recent clinical documentation is dated 09/04/2013. There are no recent clinical documentations indicating the efficacy of this medication use. Furthermore, long-term use of opioids is not recommended under California MTUS Guidelines. Therefore, without having sufficient evidence providing objective measurements pertaining to the patient's pain relief and functional improvement with the use of oxycodone, the medical necessity for continuation of use cannot be established. As such, the requested Oxycodone is not medically necessary or appropriate at this time.

**Flexeril 10mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The California MTUS states that cyclobenzaprine is recommended as an option using a short course of therapy. It further states that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In this case, the documentation notes that she has been utilizing this medication since at least 06/2013. As noted, this well exceeds the recommended short-term use of 4 days pertaining to California MTUS Guidelines. Furthermore, without having sufficient evidence providing objective measurements of her pain relief and functional improvement, the medical necessity for continuation of Flexeril cannot be established at this time. As such, the requested Flexeril is not medically necessary or appropriate.

**Celexa 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, SSRIs (selective serotonin reuptake inhibitors)

**Decision rationale:** The California MTUS states that selective serotonin reuptake inhibitors (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 the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The Official Disability Guidelines state that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Without having a more current comprehensive physical examination, there is insufficient evidence documenting the extent of this patient's depression necessitating the use of Celexa. Therefore, at this time, the requested Celexa is not medically necessary or appropriate.