

<b>Case Number:</b>	CM13-0046284		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain, left shoulder pain, depression, insomnia, and anxiety reportedly associated with an industrial injury of April 19, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; muscle relaxants; and a functional restoration program. In a Utilization Review Report of October 29, 2013, the claims administrator reportedly denied a request for Flexeril, Prilosec, Remeron, and Relafen. The applicant's attorney subsequently appealed. In a multidisciplinary conference discharge summary report of November 7, 2013, the applicant apparently presents at the conclusion of a six-week functional restoration program. The applicant states that he is now able to cope with his chronic pain to a better extent than in the past. The applicant is on Remeron, Nexium, Voltaren, Butrans patches, Topamax, and Cymbalta. The applicant apparently made some accomplishments in physical therapy, it is noted. It is stated that the antidepressants are resulting in improvement in overall mood and in chronic pain. On November 6, 2013, it is again stated that Butrans, Topamax, and Cymbalta are improving the applicant's overall mood, although the applicant has a number of non-industrial stressors, including a pending eviction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, #60: Upheld**

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

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is described as using numerous analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended, per Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified owing to the unfavorable guideline recommendation.

**Remeron 15mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** Remeron or mirtazapine is an antidepressant. As noted in the MTUS-adopted Guidelines in Chapter 15, it takes several weeks for antidepressants to exert their maximal effect. In this case, the applicant is apparently having ongoing issues with depression, insomnia, mood alteration, etc. and has responded favorably to usage of antidepressants, including Remeron and Cymbalta. Continuing the same, on balance, is therefore indicated. Accordingly, the request is certified, on Independent Medical Review

**Relafen 500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome present here, in this case, the applicant is already described as using another anti-inflammatory medication, namely oral Voltaren. Concurrent usage of multiple anti-inflammatory medications is not recommended. The attending provider has not proffered any applicant-specific rationale for usage of multiple NSAIDs (Nonsteroidal anti-inflammatory drugs) here. It is further noted that usage of Relafen was not detailed or described on any recent progress note provided. For all of these reasons, the request is not certified, on Independent Medical Review.