

<b>Case Number:</b>	CM13-0057452		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/29/2001
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 New York and North Carolina. 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 claimant is a 44 year old woman with date of injury 11/29/2001, and diagnoses of chronic pain, neck pain with radiculitis to the right arm, large central disk herniation of C5-6, broad-based posterior bulging disk at C6-7, low back and right lower extremity pain, lumbar spinal stenosis L3-4 and L4-5, right L4-5 foraminal stenosis, right median neuropathy secondary to carpal tunnel syndrome. She has also been diagnosed with anxiety and depressive disorders. She is requesting Norco, Ultracet, Flexeril, Naproxen, Prilosec and Lexapro. The Norco and Naproxen were granted, and now she is appealing the denial of the remaining requested medication, in addition to an exercise program. She is working full time with restrictions. She states that her mood is better on Lexapro than on Prozac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Membership

**Decision rationale:** This is not a medical program. The goal of physical medicine should be to attain a home program. There is no requirement that this be done in a gym. An adequate program can be accomplished at home, and I do not recommend approval of an unsupervised program in a gym.

**Retrospective request for Ultracet 37.5/325mg, QTY 180:** Upheld

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

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

**Decision rationale:** Tramadol is a second-line agent for pain management. It should be used when a first-line agents are not helpful. There is not documentation of this failure. She appears to be maintaining functional status (and although she is described as being full time, this appears not to have been the case for many years, with her only working a few months of the year on an intermittent basis). Opioids' use in chronic pain must show positive impact on function. Back pain management with opioids appears to have limited benefit. It is not clear that Tramadol is needed (i.e. will result in improved function) in addition to the approved NSAID. The request is denied.

**Retrospective request for Flexeril 10mg, Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Skeletal muscle relaxants Page(s): 63.

**Decision rationale:** Cyclobenzaprine is not indicated for long-term use. The requested quantity is for 3 months. The guidelines indicate that it is of maximal benefit when used briefly (2-3weeks). The greatest benefit is within in the first four days of treatment. Recommend denial of this request.

**Retrospective request for Prilosec 20mg Qty 90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risks Page(s): 69.

**Decision rationale:** SSRI in combination with NSAID causes increased GI risk (moderate excess risk), and PPI is recommended. The Naproxen has been approved, and she is on a SSRI

(Prozac and then Lexapro). Recommend approval of Prilosec to protect the GI mucosa in the presence of this medication combination.

**Retrospective request for Lexapro 10mg qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107-108.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

**Decision rationale:** Diagnosis of depression should be established and monitored. Using a tool such as PHQ-9 allows not only aid in diagnosing but in monitoring for improvement in a more objective and consistent fashion. Secondary depression can be treated with SSRIs per chronic pain guidelines. It is not clearly established that depression was not responsive to Prozac. Furthermore, records indicate that Lexapro causes her significant nausea and drowsiness (8/5/2013 primary treating physician progress note), so it is not clear why this medication would be requested. The request is denied.