

<b>Case Number:</b>	CM13-0066562		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/15/2003
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old individual was reportedly injured on January 15, 2003. The mechanism of injury is noted as a slip and fall. Multiple injuries involving the head, neck, low back, left shoulder and left lower extremity are noted. The most recent progress note, dated April 24, 2014, indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated a 5'10, 205 pound individual with a normal spinal examination. Straight leg raising was positive bilaterally. Deep to reflexes are intact. Diagnostic imaging studies objectified lumbar disc desiccation, degenerative changes, a small disc protrusion, and a grade 1 retrolisthesis at multiple levels. Previous treatment includes physical therapy, multiple medications, braces and injections. A request had been made for multiple medications and was not certified in the pre-authorization process on December 4, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CITALOPRAM 40MG #30 4 REFILLS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <pain chapter updated July, 2014.

**Decision rationale:** The parameters identified in the Official Disability Guidelines are employed. As stated in the literature, this type of medication is an SSRI and not recommended as a treatment for chronic pain. The most current clinical evaluation identifies multiple pain generators and has not discussed depression. Therefore, medical necessity has not been established with particular product.

**LUNESTA 2MG #30 4 REFILLS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental health chapter updated June, 2014.

**Decision rationale:** The parameters identified in the Official Disability Guidelines are employed. As stated in the literature, this type of medication is an SSRI and not recommended as a treatment for chronic pain. The most current clinical evaluation identifies multiple pain generators and has not discussed depression. Therefore, medical necessity has not been established with particular product.

**BURPROPION HCL 150MG XL #30 4 REFILLS:** Upheld

**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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 16, 27 & 125 OF 127.

**Decision rationale:** This medication is noted to be an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. This is indicated for neuropathic pain however as outlined in the Chronic Pain Medical Treatment Guidelines there is no evidence of efficacy or any efficiency relative to non-neuropathic chronic low back pain. Therefore, the medical necessity for this medication is not been established.

**LEVITRA 20MG #30 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: BJU Int. 2009 Feb. 103(4):506-14. Pub. 2008 Oct 16.

**Decision rationale:** This medication is not addressed in either the California Medical Treatment Utilization Schedule or ODG. This medication issues to help relax muscles and increase blood flow to the penis to accomplish sexual intercourse. There is no documentation of a specific nerve root lesion or objective pathology suggesting a blood flow compromise that will require such medication. Therefore, based on the limited clinical information presented for review there is no medical necessity established with medication.