

<b>Case Number:</b>	CM13-0066923		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/05/2009
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 58-year-old female who reported an injury on 07/05/2009. The patient has been seen for lower back exacerbations, which radiates into the lower extremity and buttocks area. The patient has had problems with muscle spasms and cramping sensations in her left leg, and walking is difficult, which causes the patient to walk with a limp. The patient has previously undergone sacroiliac joint injections and has been utilizing oxycodone HCL since at least 12/2012. The patient was seen most recently on 11/26/2013, with lower back exacerbations as well as pain in the SI joint area. The patient has been diagnosed with degenerative disc disease of the lumbar spine, lumbosacral strain, sacroiliac joint dysfunction, lumbar discogenic spine pain, and lumbar facet arthropathy. The patient has also been taking Celexa 40 mg tablets, along with ibuprofen 600 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE HCL 12MG #90:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, opioid tolerance develops with the repeated use of opioids, and brings about the need to increase the dose and may lead to sensitization. The patient has been utilizing oxycodone for over a year, and the documentation provided for review does not indicate the patient has undergone any urine drug screenings to monitor for compliance and for effectiveness. Furthermore, the physician has requested 12 mg of oxycodone HCL, whereupon previously the dosage had been set at 15 mg. It is unclear as to why the physician requested 12 mg, as there is no reference to oxycodone being available in 12 mg tablets. Furthermore, the documentation does not provide a thorough overview of the efficacy from the use of this medication. And, as long-term use of opioids is not recommended, the medical necessity for the ongoing use of the oxycodone HCL cannot be established. As such, the requested service is non-certified.

**CELEXA 40MG, 30 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** According to the California MTUS Guidelines, SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebos) and SNRIs have not been available for this condition. It further states that reviews have studied that the treatment of low back pain with tricyclic antidepressants were found to be slightly more effective than placebo for the relief of pain. The patient has been utilizing Celexa since at least 09/2013. The documentation provided for review does not indicate the medication has been effective in reducing the patient's pain and improving her functional ability. Without quantitative measurements to provide an objective overview of the patient's current condition, it is unclear as to how effective the medication has been towards treating her injury. Therefore, in regards to the requested service, the Celexa is not considered medically necessary and is non-certified.