

<b>Case Number:</b>	CM13-0071941		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Geriatrics has a subspecialty in Family Practice and is licensed to practice in New York. 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 injured worker is a 27 year old woman with a date of injury of 9/10/12. She was seen by her primary treating physician on 11/22/13 for routine follow up and medication refills. She had pain in her left shoulder with tingling in her wrist and digits. She had completed a course of physical therapy and had trigger point injections. Her physical exam showed intact sensation and minor muscle weakness in the left upper extremity muscles. Her cervical range of motion was intact and Spurling's test was negative bilaterally. Her shoulders were non-tender to palpation with normal testing. She had pain with palpation of the left trapezius with a twitch to the left scapula. Her medications included ibuprofen, celexa, percocet and zanaflex. She was felt to have reflex sympathetic dystrophy of the upper limb, opioid dependence and rotator cuff disorder. At issue in this review are the prescriptions for zanaflex and celexa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 2MG #90 1 PO TID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** This injured worker has pain with an injury sustained in 2012. Her medical course has included numerous treatment modalities including long-term use of several medications. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. The Zanaflex has been prescribed for long-term use and medical necessity is not supported in the records. Therefore based on submitted documents, the request for Zanaflex 2mg is not medically necessary.

**CELEXA 20MG #30:** Upheld

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

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

**Decision rationale:** Per the MTUS, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. This injured worker is prescribed celexa and the MD note of 11/13 does not document any symptoms of depression to not support the medical necessity or efficacy of this medication. Therefore based on submitted documents, the request for Celexa 20mg is not medically necessary.