

<b>Case Number:</b>	CM14-0000096		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 & Rehabilitation 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 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 41-year-old female who reported injury on 11/07/2007. The mechanism of injury was cumulative trauma. The injured worker's medications included antidepressants, benzodiazepines, and muscle relaxants as of 03/2013. Documentation of 12/09/2013 revealed the injured worker had complaints of depression and chronic pain. The examination revealed the injured worker had appropriate appearance, cooperative behavior, normal rate, amplitude and prosody of speech and a euthymic mood with a mood congruent affect. The thought process was goal-directed and there was no abnormal contact. The insight and judgement were noted to be intact. The documentation indicated the injured worker was to begin a taper of clonazepam to 0.5 mg 1 twice a day, diazepam 10 mg 1 twice a day and 1 half tablet once daily. Treatment plan included Cymbalta 30 mg, diazepam 10 mg, trazodone 150 mg, and cyclobenzaprine 10 mg. The diagnosis was depressive disorder NEC.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF CYMBALTA 30MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as first line medications for the treatment of neuropathic pain and they are recommended if the pain is accompanied by anxiety, insomnia, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation indicated the injured worker had been utilizing the medication since 03/2013. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain. The request as submitted failed to indicate the quantity as well as the frequency for the requested medication. Given the above, the request for 1 prescription of Cymbalta 30 mg is not medically necessary.

**ONE PRESCRIPTION OF DIAZEPAM 10MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. Continued use would not be supported. The request as submitted failed to indicate the quantity of medication being requested as well as the frequency. Given the above, the request for 1 prescription of diazepam 10 mg is not medically necessary.

**ONE PRESCRIPTION OF TRAZODONE 150MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as first line medications for the treatment of neuropathic pain and they are recommended if the pain is accompanied by anxiety, insomnia, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation indicated the injured worker had been utilizing the medication since 03/2013. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain. The request as submitted failed to indicate the quantity as well as the frequency for the requested medication. Given the above, the request for 1 prescription of trazodone 150 mg is not medically necessary.

**ONE PRESCRIPTION OF CYCLOBENZAPRINE 10MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was lack of documentation of objective improvement. The request as submitted failed to indicate the quantity and the frequency for the requested medication. Given the above, the request for 1 prescription of cyclobenzaprine 10 mg is not medically necessary.