

Case Number:	CM14-0103532		
Date Assigned:	07/30/2014	Date of Injury:	04/15/2011
Decision Date:	10/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of April 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report dated June 26, 2014, the claims administrator failed to approve a request for Effexor, Flexeril, and Norco. The applicant's attorney subsequently appealed. In a June 30, 2014 progress note, the applicant reported persistent complaints of mid and low back pain. The applicant was reportedly frustrated. The applicant stated that Effexor was ameliorating his mood. The applicant reported diminished symptoms of anxiety and worry. The applicant denied any suicidal or homicidal ideation. The applicant stated that he was now more motivated following introduction of Effexor. The applicant was also using Norco, Flexeril, and Terocin, it was stated. The applicant stated that his pain levels were scored at 9/10 without medications versus 5-8/10 with medications. The applicant acknowledged that his pain was exacerbated by activities including bending, lifting, walking, sitting, and standing. Multiple medications were renewed, including Effexor, Norco, and Flexeril. The attending provider stated that the applicant was benefiting from the opioid in question but did not elaborate on any improvements in functionality achieved as a result of ongoing medication usage, however. The applicant was ultimately placed off of work, on total temporary disability. In an earlier note dated May 16, 2014, the applicant was again placed off of work, on total temporary disability. The applicant again reported that Effexor was generating appropriate improvements in mood and that usage of Norco was diminishing pain levels from 9/10 without medications to 5-8/10 pain with medications. The attending provider then stated that the applicant was having difficulty performing activities of daily living including bending,

lifting, walking, sitting, and standing. Once again, the applicant was placed off of work, on TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg 1 cap per mouth TID daily #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Effexor "may be helpful" to alleviate symptoms of depression. In this case, the applicant has been using venlafaxine (Effexor) and has stated that ongoing usage of the same has improved his motivation, improved his mood, and diminished his depressive symptoms. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Flexeril 10mg tab 1 tab per mouth TID daily PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine(Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Norco 10/325mg 1 tab per mouth every 6 hours PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. While the

attending provider has reported some reduction in pain levels with ongoing medication usage, including ongoing Norco usage, the attending provider has acknowledged that the applicant's ability to perform activities of daily living as basic as sitting, standing, walking, and bending have all remained limited, despite ongoing usage of Norco. Continuing the same, on balance, is not, consequently, indicated. Therefore, the request is not medically necessary.