

Case Number:	CM14-0011022		
Date Assigned:	02/21/2014	Date of Injury:	06/03/2002
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 44-year-old male presenting with chronic pain following a work-related injury on June 2, 2002. The claimant complains of low back pain and left lower extremity pain. On December 26, 2012 the physical exam was significant for well-healed long vertical lumbar scars, and tenderness to palpation in the lumbar spine and pain with extension. The claimant was diagnosed with lumbar degenerative disc disease, left lumbar radiculitis, and failed back syndrome x2, and low back pain. The enrollee's medications include Flexeril 10 mg twice a day, Motrin 800 mg 3 times a day, Neurontin 300 mg 2 tablets 3 times a day, Norco 10/325 mg 1 tablet every 4-6 hours when necessary pain, Celexa on 2 tablets daily when necessary constipation and Trazodone 50 mg 2-3 tablets at bedtime. The claimant was diagnosed with chronic low back pain, left lower extremity pain/paresthesias, left lumbar radiculitis, degenerative lumbar disc disease, and status post 2 lumbar spine surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

Decision rationale: Flexeril is is not medically necessary for the client's chronic medical condition. Flexeril is Cyclobenzaprine. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per California MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per California MTUS, the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

TRAZODONE 50MG #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS.

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

Decision rationale: Trazodone 50mg #90 with 2 refills is not medically necessary. California MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Trazodone is a selective serotonin reuptake inhibitor. Per California MTUS SSRIs is a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. It is 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. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed tricyclics which is recommended by California MTUS as first line therapy.

SENEXON #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management Of Constipation. McKay SI, Fravel M, Scanlon C. Management Of Constipation. Iowa City (IA): University Of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 77

Decision rationale: Senexon #60 is not medically necessary. Per California MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of opioid induced constipation

should be initiated. However, given that the opioids in this case do not seem medically necessary due to a lack of improved function, the Senexon is also not medically necessary as well.