

<b>Case Number:</b>	CM14-0138837		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/09/2005
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of June 9, 2005. A Utilization Review was performed on August 23, 2014 and recommended non-certification of 1 prescription of Flexeril 10mg #60, 1 prescription of Zoloft 100mg #30, 1 prescription of Buspar 10mg #90, and 1 prescription of Edluar 10mg #30; and modification of 1 prescription of Mirtazapine 15mg #30 to 1 prescription of Mirtazapine 15mg #23 and 1 prescription of Amitriptyline 250mg #30 to 1 prescription of Amitriptyline 250mg #23. A Progress Report dated July 14, 2014 identifies Subjective Complaints of whole body pain, worst pain in her right knee. Objective Findings identify cervical range of motion is mildly limited secondary to pain. The patient has antalgic gait. There is pain to palpation in the lumbar musculature with decreased range of motion secondary to pain. There is dysesthesia to pinwheel in the right L5 and S1 dermatome. There is absent reflexes at Achilles. Diagnostic Impressions identify bilateral thoracic outlet syndrome, right shoulder internal derangement, discectomy and cervical fusion at C4-7, chronic pain syndrome with bruxism, xerostoma, dental loss, and sleep disorder, depressive disorder, sleep disorder, and right knee internal derangement. Treatment Plan identifies medication management for Mirtazapine, Buspar, Zoloft, Flexeril, Amitriptyline, and Edluar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

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

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

**Decision rationale:** Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.

**Mirtazapine 15mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** Regarding the request for Mirtazapine, Chronic Pain Medical Treatment Guidelines state that antidepressants have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Mirtazapine treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Mirtazapine is not medically necessary.

**Zoloft 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Sertraline (Zoloft)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** Regarding the request for Zoloft (Sertraline), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Zoloft treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Zoloft is not medically necessary.

**Buspar 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain

**Decision rationale:** Regarding the request for Buspirone, California MTUS and ACOEM do not contain criteria for the use of Buspirone. ODG states many antidepressants; in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. Other drug classes used to treat anxiety are antihistamines (e.g. Hydroxyzine), 5HT1 agonist (e.g. Buspirone), and some anti-epilepsy drugs. Within the documentation available for review, there are also requests for antidepressants. There is no indication that treatment with antidepressants has failed. In the absence of such documentation, the currently requested Buspirone is not medically necessary.

**Edluar 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment

**Decision rationale:** Regarding the request for Edluar, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how

the patient has responded to Edluar treatment. Finally, there is no indication that Edluar is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Edluar is not medically necessary.

**Amitriptyline 250mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Elavil (Amitriptyline)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 50, 61, 159.

**Decision rationale:** Regarding the request for Amitriptyline, Chronic Pain Medical Treatment Guidelines state that antidepressants have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Amitriptyline treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Amitriptyline is not medically necessary.