

<b>Case Number:</b>	CM14-0170182		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/23/1999
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 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 underlying date of injury in this case is 3/23/1999. The date of Utilization Review under appeal is 10/8/2014. Treating diagnoses include fibromyositis, lumbosacral disc degeneration, cervical disc displacement, and cervical disc degeneration. The patient was seen in treating physician follow-up on 9/29/2014. The patient was noted to have ongoing chronic pain as well as pain-related mood disorder. Medication was noted to allow the patient to sleep fairly well and to engage in a low-level exercise program. The treating physician recommended continuation of Lexapro, Flexeril, and Meloxicam. An initial physician review noted that cyclobenzaprine was not recommended in chronic situations. This review noted that the medical records documented only subjective benefits from citalopram without evidence of objective functional improvement. The initial physician review also noted that the medical records did not document sufficient evidence of benefit to support ongoing use of Meloxicam as an anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg, QTY 90 (1 refill): Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants states regarding Cyclobenzaprine, page 64 that this medication is recommended only for short term use. The medical records do not provide an alternate rationale supporting chronic use of this medication. Therefore, this request is not medically necessary.

**Escitalopram 10mg, QTY 90 (1 refill):** Overturned

**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 Selective Serotonin Reuptake Inhibitors Page(s): 107.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses selective serotonin reuptake inhibitors on page 107. These guidelines state this medication is not indicated for chronic pain, but may have a role when treating secondary depression. An initial physician review notes that the medical records document only subjective improvement from this medication. By nature, a medication for mood disorder will not have specific objective benefit since there is a subjective component in assessing mood. The medical records, however, do clearly document improved mood and pain, and the ability to sleep as well as the ability to perform a home exercise program on the patient's current medications. Therefore, there is medical data to support an indication to continue this medication. Therefore, this request is medically necessary.

**Meloxicam 7.5mg, QTY 90 (1 refill):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines stated that anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume. The initial physician review states that the medical records do not clearly document functional benefit from this class of medications. However, treating physician notes do indicate that the patient has been able to participate in a home exercise program and that the patient reports subjective improvement as well. This clinical data is sufficient to support an indication for continued use of Meloxicam based on the guidelines. Therefore, this request is medically necessary.