

Case Number:	CM14-0031633		
Date Assigned:	06/20/2014	Date of Injury:	06/14/2011
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/12/2014

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 Nevada. 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 65 year-old female who was reportedly injured on 6/14/2011. The mechanism of injury is noted as she struck her right shoulder and low back against a wall. The most recent progress note dated 2/5/2014 indicates that there are ongoing complaints of head, neck, back, and shoulder complaints. The physical examination demonstrated spine: lumbosacral spine, no gross deformities, range of motion mildly decreased in the lumbar spine with flexion due to pain, mild tenderness to palpation of the lumbar spine and paraspinals with mild paraspinal muscle tightness. Cervical spine: no deformities, mild decrease in cervical spine range of motion due to pain. mild tenderness to palpation posterior cervical spine and paraspinals with mild paravertebral muscle tightness. Mild trigger points with taught bands in the posterior cervical paraspinals, sensory intact to light touch bilateral upper and lower extremities, negative straight leg raise. Diagnostic imaging studies MRI of the lumbar spine from 9/9/2011 reveals minimal degenerative changes only. Cervical MRI performed same day shows broad-based disk protrusion C6-C7 and small central disc protrusions C3-C4 and C4-C5 without nerve root impingement. An electromyography (EMG) of bilateral upper and lower extremities performed June 2012 showed evidence of carpal tunnel syndrome. Previous treatment includes: Physical Therapy, consult to mental health, medications such as sertraline, Relafen, Flector patch, Nortriptyline, and Tizanidine. A request had been made for Sertraline 100mg #30, Relafen 750mg #60 two (2) refills, Flector 1.3% #30 two (2) refills, Tizanidine 4mg #60 two (2) refills, and Nortriptyline 50mg which was not certified in the pre-authorization process on 2/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 107 of 127.

Decision rationale: SSRI's, are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has 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. SSRIs have not been shown to be effective for low back pain. After reviewing the medical documentation and most recent note for this 68-year-old female there is no mention of depression or any other associated mental illness in the subjective, review systems, or objective portion of the physical exam of this note. This medication has a role for treating depression. This medication is deemed not medically necessary.

Relafen 750mg #60 two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 72 of 127.

Decision rationale: Nabumetone (Relafen) is a nonsteroidal anti-inflammatory used in the treatment of Osteoarthritis. The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. After reviewing the patient's documentation she has no diagnoses that correlate to the need for this medication. Therefore this request is deemed not medically necessary.

Flector 1.3% #30 two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Flector Patch (Diclofenac) is a nonselective, non-steroidal anti-inflammatory medication (NSAID) not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that Diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first-line nonsteroidal anti-inflammatory medication. There is no indication in the record that the 68 year old female claimant has failed a course of first-line NSAID medications. In the absence of such documentation, recommendation is made for an alternate NSAID. Therefore, this request is not medically necessary.

Tizanidine 4mg #60 two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Anti-Spasticity/Anti-spasmodic drugs Page(s): 66 of 127.

Decision rationale: Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis which is against the guideline recommendations. After review of the medical documentation provided there is no clinical evidence of documented (spasticity), there is documentation of some muscular tenderness and localized (mild) trigger points in the cervical spine area. These clinical findings do not support the continued use of this medication, thus it is not medically necessary.

Nortriptyline 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13 ,14 of 127.

Decision rationale: Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. A systematic review indicated that tricyclic anti-depressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. (Chou, 2007) Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more

effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. (Perrot, 2006). After review of the medical documentation for this female claimant, there are no objective clinical findings of any specific example of neuropathic pain in the physical exam. Without supporting documentation for the needed this medication, this request is deemed not medically necessary.