

<b>Case Number:</b>	CM14-0032206		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 02/14/2002. The mechanism of injury was not stated. Current diagnoses include joint pain in the shoulder region and carpal tunnel syndrome. Current medications include Relafen 500 mg, Protonix 20 mg, Cyclobenzaprine 7.5 mg, Prozac 20 mg, Colace 100 mg, and Percocet 10/325 mg. The injured worker was evaluated on 02/05/2014. The injured worker had completed 6 out of 12 sessions of hand therapy with 30-40% improvement in symptoms. Physical examination revealed no acute distress and normal ambulation without assistance. Treatment recommendations at that time included additional hand therapy and continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Flexeril 7.5mg #90 with 3 refills:** Upheld

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

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

**Decision rationale:** MTUS Guidelines state muscle relaxants are recommended as a nonsedating second line option for short term treatment of acute exacerbations. There was no documentation

of palpable muscle spasm or spasticity upon physical examination. The injured worker has utilized Flexeril 7.5 mg since 07/2013. Guidelines do not recommend long term use of muscle relaxants. There was also no frequency listed in the current request. As such, the request is not medically necessary.

**Fluoxetine/Prozac 20mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 107 Page(s): 107.

**Decision rationale:** MTUS Guidelines state selective serotonin re-uptake inhibitors are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The injured worker has utilized Prozac 20 mg since 07/2013. However, the injured worker does not maintain a diagnosis of depression. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current frequency. As such, the request is not medically necessary.