

<b>Case Number:</b>	CM14-0056520		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 53-year-old male who has submitted a claim for pain to cervical and lumbar spine associated with an industrial injury date of July 16, 2010. Medical records from April 2014 were reviewed. The patient complained of debilitating neck and lower back pain rated at 8/10. Physical examination of the cervical spine revealed tenderness with increased muscle rigidity, decreased range of motion with obvious muscle guarding, bilateral upper extremities weakness and decreased sensation of upper extremities. Lumbar spine examination revealed tenderness, numerous trigger points that are palpated and tender throughout the lumbar paraspinal muscles, decreased range of motion, positive ankle clonus bilaterally, impairment with motor control with dysmetria with heel to chin, decreased strength in the bilateral lower extremities and decreased strength along the bilateral calf, and positive straight leg raise bilaterally. Examination of the bilateral knees revealed tenderness along the medial and lateral joint line and positive crepitus noted in the right knee. Treatment to date has included NSAIDs, antidepressants, opioids and surgery. Utilization review from April 17, 2014 modified the requests for Imitrex 100mg and Prozac 20mg to Imitrex 100 mg x 1 month supply and Prozac 20mg x 1 month supply because additional certification will require evidence of measurable subjective and/or functional benefit as a result of medication and the need for continuation, or this supply will be discontinued on subsequent review, due to noncompliance of medication guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 100 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Procedure Summary (last updated 03/28/2014): Imitrex; Adelman, 2003; Ashcroft, 2004; Belsey, 2004; Brandes, 2005; Diener, 2005; Ferrari, 2003; Gerth, 2001; Mannix, 2005; Martin, 2005; McCrory, 2003; Moschiano, 2005; Moskowitz, 1992; Sheftell, 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Section, Sumatriptan.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG and FDA were used instead. According to ODG, triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g. sumatriptan, brand name: Imitrex) are effective and well tolerated. The differences among them are in general, relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. In this case, the patient has reported episodes of migraine. Prescription of Imitrex is a reasonable option at this time; however, the present request as submitted failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for Imitrex 100mg is not medically necessary.

**Prozac 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines: Prozac; Feuerstein, 1997; Perrot, 2006; Saarto-Cochrane, 2005; Schnitzer, 2004; Lin-JAMA, 2003; Salerno, 2002; Moulin, 2001; Fishbain, 2000; Taylor, 2004; Gijnsman, 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** Page 14 and 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that SSRI have not been shown to be effective for low back pain. There was not a significant difference between SSRI and placebo. According to the guidelines, it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In this case, the patient still complains of neck and lower back pain. There is no mention in the submitted documents of any psychological symptoms that need to be addressed by treatment using SSRI. Moreover, there was no documentation concerning pain relief and functional improvement despite its use since at least December 2013. Lastly, the present request as submitted failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for Prozac 20mg is not medically necessary.