

<b>Case Number:</b>	CM14-0072065		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 11/27/2001 due to cumulative trauma. On 04/15/2014, the injured worker presented with significant pain in the neck radiating down the bilateral arms. Current medications included Ativan, Celebrex, Lidoderm patch, Lunesta, Lyrica, Norco, Prozac, and Levothyroxine. Upon examination of the cervical spine, there was no cervical lordosis. There was restricted range of motion and spasm noted bilaterally. There was tenderness noted over the C5, C6, and C7 dermatomes. The diagnoses were cervical spinal stenosis C6-7, cervical radiculitis, lumbar postlaminectomy, closed foot bone fracture not elsewhere classified to the left, adjustment disorder with mixed anxiety, and depressed mood and depressive disorder not elsewhere classified. The provider recommended Prozac 40 mg with a quantity of 30, Celebrex 200 mg with a quantity of 60, Ativan 1 mg with a quantity of 60, Lyrica 100 mg with a quantity of 60, and Norco 10/325 mg with a quantity of 60. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 40 mg #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 (ODG), Pain Chapter, Fluoxetine Official Disability Guidelines (ODG), Mental Illness and Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The California MTUS Guidelines state SSRIs are not recommended as treatment for chronic pain but they have a role in treating secondary depression. It has been suggested that the main role of an SSRI may be in adjusting psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs in pain. SSRIs have not been shown to be effective for low back pain. As the guidelines do not recommend SSRIs for treatment of chronic pain, Prozac would not be indicated. There is lack of documentation on the efficacy of the prior use of the medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established. The request for Prozac 40 mg #30 is not medically necessary.

**Celebrex 200 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI or onset of worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established. The request for Celebrex 200 mg #60 is not medically necessary.

**Ativan 1 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommended the use of benzodiazepines for long-term use because long-term efficacy is not proven and there is risk for dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Ativan previously and the efficacy of the medication has not been documented to support

continued use. The provider's request for Ativan 1 mg with a quantity of 60 exceeds the guideline recommendations of short term therapy. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established. The request for Ativan 1 mg #60 is not medically necessary.

**Lyrica 100 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19.

**Decision rationale:** The California MTUS Guidelines state that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Lyrica is considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The injured worker does not have a diagnosis congruent with the guideline recommendations for Lyrica. Additionally, the efficacy of the prior treatment was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established. The request for Lyrica 100 mg #60 is not medically necessary.

**Norco 10-325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence and objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the frequency of the medication has not been provided in the request as submitted. As such, medical necessity has not been established. The request for Norco 10-325 mg #60 is not medically necessary.