

<b>Case Number:</b>	CM14-0072460		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/24/1999
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/30/2014
<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 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:

This is a 54 year-old-male with a 4/24/99 date of injury, when he was slinging a sledgehammer during a drill and injured his lower back. He underwent spine surgery in 2001. The patient was seen on 12/2/13 with complaints of 8/10 low back pain flare up radiating down to the lower extremities. The patient was taking MS Contin 15mg #60, Abilify 5mg #30, Flexeril 10mg #30, Relafen 500mg #60 and Cymbalta 60mg #60. The physical examination revealed tenderness to palpation over the lower lumbar paraspinal muscles and limited range of motion in the lumbar spine limited due to severe pain. The patient was seen on 6/12/14 with complaints of 3-7/10 dull, burning back pain with numbness and pain in the toes. The patient also complained of muscle spasm, tingling and limited movement. He was taking Neurontin 600mg #180, which improved his neuropathic pain in the lower extremities and Cymbalta 60mg #60 which improved his mood and low back pain. Exam findings revealed limited range of motion in the lumbar spine due to stiffness with numbness and decreased sensation to touch in the shin through the right foot. The diagnosis is lumbar sprain/strain, chronic pain syndrome. Treatment to date: acupuncture, cognitive behavioral therapy, mindful based stress reduction, expressive therapies, PT, TENS unit, massage and medications. An adverse determination was received on 4/30/14. The determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5 mg qty 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 (ARIPIPRAZOLE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Abilify).

**Decision rationale:** MTUS and ODG do not address this issue. The FDA states that Abilify is indicated for Schizophrenia, acute Treatment of Manic and Mixed Episodes, Maintenance Treatment of Bipolar I Disorder, Adjunctive Treatment of Major Depressive Disorder, Irritability Associated with Autistic Disorder, and Agitation Associated with Schizophrenia or Bipolar Mania. The progress note dated 12/2/13 stated that the patient was taking Abilify 5mg #30 at least from that time. However, there is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, there is no rationale with regards to this medication use. Therefore, the request for Abilify 5 mg qty 30 was not medically necessary.

**Relafen 500MG qty #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS).

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Also, the ODG states that NSAIDs are recommended for acute pain, acute LBP, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. The patient is using multiple medications and he had been using Relafen 500mg #60 at least from 12/2/13. There is a lack of documentation indicating subjective and objective gains with Relafen treatment. It is not clear, if the patient had any side effects with use of NSAIDs. There is no evidence that the medication alleviated the patient's pain or improved his activities of daily living. Therefore, the request for Relafen 500MG qty #60 was not medically necessary.

**Flexeril 5MG qty #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The patient had been using Flexeril at least from 12/2/13 with adjunction to other medications. It is not clear if Flexeril treatment was beneficial and there is no rationale with regards to continuation the use of this medication. In addition the Guidelines do not recommend a long course of therapy with Flexeril. Therefore, the request for Flexeril 5MG qty #20 was not medically necessary.