

<b>Case Number:</b>	CM14-0087489		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/05/1992
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Medicine and is licensed to practice in Texas. 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 52 year old female who reported an injury to her low back as well as her both lower extremities. The clinical note dated 12/11/13 indicates the injured worker presented complaining of low back pain with associated pain in the left calf as well as the top of the left foot. The injured worker also reported an intense pain at the L1-2 distribution of the right lower extremity. The note indicates the injured worker utilizing Amrix in order to provide relief of the lower extremity spasms. The clinical note dated 01/09/14 indicates the injured worker complaining of radiating pain into the right lower extremity along the L1 and L2 distribution. The note indicates the injured worker undergoing a home exercise program 3 times a week with some improvement. The injured worker is also utilizing a stimulator on a daily basis which does help to manage the pain symptoms. The clinical note dated 03/06/14 indicates the injured worker continuing with low back complaints. The injured worker reported episodes of crying that were being addressed with the use of Xanax. The injured worker continued with the episodes. The injured worker also stated that she is unable to stop the crying episodes. The clinical note dated 04/03/14 indicates the injured worker continuing with the right-sided low back pain. The note indicates the injured worker utilizing Oxycontin and Oxycodone which were providing good relief. The injured worker stated that she was continuing with a periodic crying episode.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request with date of service of 4/03/2014 Amrix 15mg #60 with no refills:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

**Retrospective request with date of service of 4/3/2014 for Celebrex 200mg #60 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.

**Retrospective request with date of service of 4/3/2014 for Lexapro 20mg #30 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRI's) Page(s): 107.

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

**Decision rationale:** SSRI's are not recommended as a treatment for chronic pain, but SSRI's may have a role in treating secondary depression. There is no indication in the documentation that the patient has been diagnosed or exhibits symptoms associated with depression requiring medication management. As such, the request for this medication cannot be recommended as medically necessary at this time.

**Retrospective request with date of service of 4/3/2014 for Alprazolom 0.5mg #150 with no refills: Upheld**

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

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

**Decision rationale:** Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Given this, the request is not medically necessary.