

<b>Case Number:</b>	CM15-0140753		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old male, who sustained an industrial injury on 3-8-2013. He reported falling off the roof approximately ten feet with injury to the low back and the neck. Diagnoses include lumbar disc displacement without myelopathy, lumbar spinal stenosis, cervical spondylosis, and pain in the forearm joint. Treatments to date include medication therapy and physical therapy and cognitive behavioral therapy. Currently, he complained of chronic low back and lower extremity pain. On 6-15-15, the physical examination documented no acute physical findings. The plan of care included authorization of prescriptions for Sertraline 50mg #30; Venlafaxine HCL 37.5mg #60; Orphenadrine-Norflex 100mg #90; and Gabapentin 600mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline 50mg #30 DOS: 06/29/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** The patient was injured on 03/08/13 and presents with low back pain and lower extremity pain. The request is for Sertraline 50 MG #30 DOS: 06/29/15 for panic attacks. The RFA is dated 06/12/15 and the patient is not permanent and stationary. "He is precluded from his usual and customary work. He is precluded from repetitive or forceful activities using the left upper extremity. He is precluded from repetitive bending of the lumbar spine. He is also precluded from repetitive motion of the cervical spine." If modified work is not available, he would be on total temporary disability. The patient has been taking this medication as early as 03/20/15. MTUS Guidelines, Antidepressants, pages 13 to 15 state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first-line agents unless they are ineffective, poorly tolerated, or contraindicated". Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. The patient has an antalgic gait, has a positive straight leg raise on the left and right, and has spasm/guarding along the lumbar spine. He is diagnosed with lumbar disc displacement without myelopathy, lumbar spinal stenosis, cervical spondylosis, and pain in the forearm joint. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. The treater does not specifically discuss efficacy of Sertraline on any of the reports provided. Due to lack of documentation, the request is not medically necessary.

**Venlafaxine HCL 37.5mg #60 DOS: 06/29/15:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine- Effexor Page(s): 13-15.

**Decision rationale:** The patient was injured on 03/08/13 and presents with low back pain and lower extremity pain. The request is for Venlafaxine HCL 37.5 MG #60 DOS: 06/29/15 for depression and anxiety. The utilization review denial rationale is that "there is no evidence of objective functional gains supporting the subjective improvement." The RFA is dated 06/12/15 and the patient is not permanent and stationary. "He is precluded from his usual and customary work. He is precluded from repetitive or forceful activities using the left upper extremity. He is precluded from repetitive bending of the lumbar spine. He is also precluded from repetitive motion of the cervical spine." If modified work is not available, he would be on total temporary disability. The patient has been taking this medication as early as 11/21/14. MTUS Guidelines, Venlafaxine- Effexor, pages 13-15 states: "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective-serotonin reuptake inhibitor class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." The patient has an antalgic gait, has a positive straight leg raise on the left and right, and has spasm/guarding along the lumbar spine. He is diagnosed with lumbar disc displacement

without myelopathy, lumbar spinal stenosis, cervical spondylosis, and pain in the forearm joint. The 11/21/14 report indicates that the patient receives benefit from Venlafaxine. "He notes that his moods are more stable and he feels less depressed, he denies side effects with the use of this medication." On 12/26/14, he rated his pain as an 8/10. The 03/06/15 report states that the patient has "about 30-40% reduction in pain with use of his medications" Venlafaxine does help to decrease some of his anxiety. He denies any side effects. The 03/20/15 report indicates, "Effexor is helping reduce his anxiety." In this case, this patient suffers from depression/anxiety and Venlafaxine has helped relieve his depression/anxiety. Given the patient's diagnosis and documented efficacy of this medication, the request is medically necessary.

**Orphenadrine-Norflex 100mg #90 DOS: 06/29/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Muscle relaxants (for pain).

**Decision rationale:** The patient was injured on 03/08/13 and presents with low back pain and lower extremity pain. The request is for Orphenadrine- Norflex 100 MG #90 DOS: 06/29/15 for intermittent muscle spasm. The RFA is dated 06/12/15 and the patient is not permanent and stationary. "He is precluded from his usual and customary work. He is precluded from repetitive or forceful activities using the left upper extremity. He is precluded from repetitive bending of the lumbar spine. He is also precluded from repetitive motion of the cervical spine. If modified work is not available, he would be on total temporary disability. The patient has been taking this medication as early as 11/21/14." MTUS Guidelines, Muscle Relaxants, page 63 states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. ODG Guidelines, Pain (Chronic) Chapter, Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. The patient has an antalgic gait, has a positive straight leg raise on the left and right, and has spasm/guarding along the lumbar spine. He is diagnosed with lumbar disc displacement without myelopathy, lumbar spinal stenosis, cervical spondylosis, and pain in the forearm joint. Guidelines state these muscle relaxants are "abused for euphoria and to have mood elevating effects. The treater does not document this medication to address a flare-up, exacerbation or functional decline. Norflex is a sedating muscle relaxant and only short-term use is recommended by MTUS. In this case, the patient has been taking this medication as early as 11/21/14, which exceeds the short-term period recommended by MTUS Guidelines. Furthermore, the requested quantity of 90 does not indicate intended short-term use. The request is not medically necessary.

**Gabapentin 600mg #60 DOS: 06/29/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Medications for chronic pain Page(s): 18, 19, 60.

**Decision rationale:** The patient was injured on 03/08/13 and presents with low back pain and lower extremity pain. The request is for Gabapentin 600 MG #60 DOS: 06/29/15 for neuropathic pain. The RFA is dated 06/12/15 and the patient is not permanent and stationary. He is precluded from his usual and customary work. He is precluded from repetitive or forceful activities using the left upper extremity. He is precluded from repetitive bending of the lumbar spine. He is also precluded from repetitive motion of the cervical spine. If modified work is not available, he would be on total temporary disability. The patient has been taking this medication as early as 11/21/14. MTUS Guidelines, Gabapentin, pages 18 and 19 revealed the following: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has an antalgic gait, has a positive straight leg raise on the left and right, and has spasm/guarding along the lumbar spine. He is diagnosed with lumbar disc displacement without myelopathy, lumbar spinal stenosis, cervical spondylosis, and pain in the forearm joint. On 12/26/14, he rated his pain as an 8/10. The 03/06/15 report states that the patient has "about 30-40% reduction in pain with use of his medications. He denies any side effects." MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. Due to lack of documentation, the request is not medically necessary.