

<b>Case Number:</b>	CM15-0148053		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Emergency Medicine

### 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 43 year old female, who sustained an industrial injury on January 5, 2012. She reported low back pain with pain in the bilateral lower extremities. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar and thoracic sprain and strain and cervical injury. Treatment to date has included diagnostic studies, radiographic imaging, chiropractic care, TENS unit, back brace, medications and work restrictions. Currently, the injured worker continues to report continued low back pain with pain, tingling and numbness radiating to the lower extremities, worse on the left than the right and associated stress, depression and sleep disruptions. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on May 27, 2015, revealed continued pain as noted with associated symptoms. Evaluation on July 8, 2015, revealed continued pain as noted with associated symptoms. Magnetic resonance imaging of the lumbar spine revealed disc protrusions and herniation at lumbar 2-3 with extensive stenosis and broad protrusion at lumbar 4-5 causing left foraminal stenosis. Nerve studies in November 2013, were noted as unremarkable. A 10-pound lifting restriction remained in place. Effexor XR (extended release) 75mg, #60, Flexeril 7.5mg, #30 and Trazodone 50mg, #60 were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg, #60: 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-TWC), Chapter: Mental Illness and Stress - Insomnia treatment, Pharmacologic Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15.

**Decision rationale:** The requested Trazodone 50mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has continued pain as noted with associated symptoms. Evaluation on July 8, 2105, revealed continued pain as noted with associated symptoms. Magnetic resonance imaging of the lumbar spine revealed disc protrusions and herniation at lumbar 2-3 with extensive stenosis and broad protrusion at lumbar 4-5 causing left foraminal stenosis. The treating physician has not documented failed trials of tricyclic anti-depressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Trazodone 50mg, #60 is not medically necessary.

**Effexor XR (extended release) 75mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Specific Antidepressants, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Venlafaxine (Effexor).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16.

**Decision rationale:** The requested Effexor XR (extended release) 75mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. The injured worker has continued pain as noted with associated symptoms. Evaluation on July 8, 2105, revealed continued pain as noted with associated symptoms. Magnetic resonance imaging of the lumbar spine revealed disc protrusions and herniation at lumbar 2-3 with extensive stenosis and broad protrusion at lumbar 4-5 causing left foraminal stenosis. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Effexor XR (extended release) 75mg, #60 is not medically necessary.

**Flexeril 7.5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain); Antispasmodics: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

**Decision rationale:** The requested Flexeril 7.5mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued pain as noted with associated symptoms. Evaluation on July 8, 2015, revealed continued pain as noted with associated symptoms. Magnetic resonance imaging of the lumbar spine revealed disc protrusions and herniation at lumbar 2-3 with extensive stenosis and broad protrusion at lumbar 4-5 causing left foraminal stenosis. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg, #30 is not medically necessary.