

<b>Case Number:</b>	CM15-0192371		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Family Practice

### 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 61 year old female who sustained an industrial injury on 03/18/2013. Medical records indicated the worker was treated for cervicgia, lumbalgia, shoulder pain and upper limbs pain. In the provider notes of 08/12/2015, the injured worker is seen in follow-up evaluation of back pain, low back pain, and lumbar complaints. She complains of back stiffness, radicular pain in right and left leg and weakness in right and left leg. Her back pain is described as aching, burning, stabbing, throbbing, and spasming that gets worse with range of motion including hip flexion. She rates the severity as a 7 on a scale of 1-10. She also has cervical pain, and experiences numbness and tingling and weakness in right and left arm. Rotation of neck to left or right worsens the pain. She rates the severity of condition as an 8 on a scale of 10-10. She complains of pain in the right shoulder that she describes as aching, burning and increasing. She rates the severity of this condition as an 8 on a scale of 1-10. She has an upper limb injury from which she experiences aching soreness, stiff sting and tenderness. She indicates exercise worsens the condition. She rates the severity of this condition as a 7 on a scale of 1-10. The condition is chronic and tender. Active medications include Effexor XR capsules (since at least 06-17-2015), Flexeril (since at least 01/21/2015), Gabapentin (since at least 01/21/2015), methadone (since at least 01/21/2015), Norco (since at least 01/21/2015), and Nortriptyline (since at least 08-13-2014). In the report of 08-12-2015, the worker continues to note "substantial benefit of the medications and has nociceptive, neuropathic and inflammatory pain". She reports "about 50%" improvement in pain. According to reports of urine drug screens (last done 01-15-2015), there were no signs of illicit drug abuse. There were no reports of complications or aberrant behavior, diversion of medication or habituation. A request for

authorization was submitted for 1. Flexeril 10mg 1 tab by mouth TID with 1 refill; 2. Gabapentin 300mg 1 tab by mouth TID with 1 refill; 3. Nortriptyline 25mg 1 cap by mouth every hours of sleep with 1 refill; 4. Effexor XR Extended Release 150mg 1 cap by mouth daily with 1 refill. A utilization review decision 09/18/2015. Approved- Gabapentin 300mg 1 tab by mouth TID with 1 refill; Nortriptyline 25mg 1 cap by mouth every hours of sleep with 1 refill; Non-approved: Flexeril 10mg 1 tab by mouth TID with 1 refill; Effexor XR Extended Release 150mg 1 cap by mouth daily with 1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg 1 tab by mouth TID with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Flexeril, also known as cyclobenzaprine, as a treatment modality. Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the medical records indicate that Flexeril is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited MTUS guidelines, only short-term treatment is recommended. There is insufficient justification in the medical records to support long-term use. Therefore, Flexeril is not considered as a medically necessary treatment.

**Effexor XR Extended Release 150mg 1 cap by mouth daily with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antidepressants, including Effexor, as a treatment modality for patients with chronic pain. In general, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment 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. Regarding Effexor, the MTUS guidelines state the following: Venlafaxine (Effexor): FDA- approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, the medical records indicate that Effexor is being used for the following conditions: Cervicalgia, Lumbalgia and Shoulder Pain. It is unclear whether the intent is to treat neuropathic pain. Further, there is insufficient documentation that the patient has undergone an adequate trial of a tricyclic antidepressant, as noted in the above-cited MTUS guidelines. Given the insufficient documentation regarding the use of a first-line agent such as a tricyclic and whether Effexor is being used to treat neuropathic pain, at this time Effexor XR is not considered as a medically necessary treatment.