

<b>Case Number:</b>	CM15-0200189		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/11/1999
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Hawaii

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 51 year old male, who sustained an industrial injury on 04-11-1999. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculitis, lumbar post laminectomy syndrome, chronic pain syndrome, and spinal cord stimulator. Treatment and diagnostics to date has included home health, lumbar spine surgery, and medications. Recent medications have included Lidoderm, Prilosec, Tylenol #3 (recently discontinued due to nausea), and Tramadol. Subjective data (07-15-2015 and 09-16-2015), included low back pain. Objective findings (09-16-2015) included decreased range of motion with positive paravertebral tenderness, positive straight leg raise test, and decreased sensation at L5-S1. The Utilization Review with a decision date of 09-25-2015 modified the request for Celexa 40mg unknown quantity and Restoril 15mg unknown quantity to Celexa 40mg #60 and Restoril 15mg #30 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celexa 40mg unknown quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** The medical records indicate the patient continues to suffer chronic low back pain traveling into the legs following lumbar laminectomy and SCS. The current request is for Celexa 40mg of unknown quantity. The medical records provided do not address this request. The MTUS guidelines for Selective serotonin reuptake inhibitors (SSRIs) state that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. SSRIs are not recommended as treatment for chronic pain, but are supported for psychological symptoms. In this case, the request of Celexa 45mg of unknown quantity is not supported by the medical documents made available for my review. There is no documentation of psychological issues and an unknown quantity of Celexa is not supported as MTUS on page 60 requires documentation of pain and function for ongoing medication usage. The current request is not medically necessary.

**Restoril 15mg unknown quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

**Decision rationale:** The medical records indicate the patient continues to suffer chronic low back pain traveling into the legs following lumbar laminectomy and SCS. The current request is for consideration is Restoril 15mg of unknown quantity. The most recent report for review is dated September 16, 2015 and does not address the above requests. The CA MTUS has this to say about Benzodiazepines: 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, there is no documentation of the effects of this medication. There is no documentation that this medication is being prescribed for short term usage and MTUS does not support an open ended request. The current request for Restoril 15mg of unknown quantity is not medically necessary.