

<b>Case Number:</b>	CM15-0028305		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: New York  
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 5-5-03. The injured worker is diagnosed with chronic pain syndrome, cervical disc degeneration and cervical radiculitis all reported as stable per note dated 1-23-15. His disability status is permanent and stationary and his work status is temporary total disability. Notes dated 12-5-14 and 1-23-15 reveals the injured worker presented with complaints of constant neck pain that radiates to his bilateral trapezius muscle (left greater than right) into his spine between his shoulder blades and is accompanied by numbness in the left forearm and bilateral hands. His pain is described as cramping, deep and burning and rated at 4-8 out of 10. A physical examination dated 1-23-15 revealed mild to moderate spasms in the paraspinal and bilateral trapezius muscles, which limits his cervical range of motion. He has decreased sensation to touch in his left forearm and bilateral middle, ring and small fingers (improved with Lyrica). Treatment to date has included medications; Celexa, Xanax, Lyrica, Naproxen and Norco (all since at least 10-2014), which helps to decrease his symptoms of depression and anxiety, numbness, swelling and pain and allows him to increase his activities, walk longer, clean and take his children to and from school per note dated 12-5-14. The TENS unit helps to decrease his pain and need for pain medication per note dated 1-23-15. A request for authorization dated 1-23-15 for Celexa 20 mg #60, Lyrica 100 mg #120 with 2 refills, Naproxen 500 mg #60 with 2 refills, Xanax 1 mg #10 and Norco 10-325 mg #30 is non-certified, per Utilization Review letter dated 2-2-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celexa 20mg tablet #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Citalopram (Celexa) is a selective serotonin re-uptake inhibitor (SSRI). SSRI's are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. In this case, there is documentation of depression, anxiety, and stress related medical complaints arising from the industrial injury. It has been noted that Citalopram, have been beneficial in the treatment of his mental health conditions. Medical necessity for the requested medication has been established. The requested medication: Celexa 20mg tablet #60 is medically necessary.

**Lyrica 100mg tablet #120 refills 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. This patient has been taking Lyrica, in addition to narcotic analgesics, with no significant improvement documented. Without evidence of improvement, the guidelines recommend changing to a different first-line agent. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary. Of note, discontinuation of Lyrica should include a taper, to avoid withdrawal symptoms.

**Naproxen 500mg tablets #60 refills 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. According to the documentation submitted the injured worker has been prescribed Naproxen on a long-term basis, and the complaints are not an acute exacerbation. Therefore, the request for Naproxen 500mg tablets #60 refills 2 is not medically necessary.

**Xanax 1mg tablet #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective and functional improvement. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Norco 10/325mg tablet #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a

reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medication. There is no change on medical dependence. Therefore the requested treatment: Norco 10/325mg #30 is not medically necessary.