

<b>Case Number:</b>	CM15-0211431		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	05/26/2006
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 was a 62 year old male, who sustained an industrial injury, May 26, 2006. The injured worker was undergoing treatment for lumbago, chronic pain syndrome and facet syndrome, other pain disorder related to psychological factors, drug dependency and encounter for long term use of other medications. According to progress note of August 26, 2015, the injured worker's chief complaint was low back, right knee, left posterior thigh, bilateral feet and left wrist on consistent basis. The injured worker rated the pain 6 out of 10 after the use of Norco for several hours. The physical exam noted restricted range of motion of the lumbar spine. On palpation of the lumbar spine there was tenderness on the L4 and L5 spinous processes. The injured worker ambulated with a cane. The injured worker previously received the following treatments Effexor 75mg 2 times daily since April 20, 2015; Flexeril 10mg tablets since April 20, 2015; Ibuprofen, discontinued Tramadol, discontinued Omeprazole, Norco 325-10mg, Lidocaine ointment, Hydralazine and Docusate. The RFA (request for authorization) dated the following treatments were requested prescriptions for Flexeril 10mg #90 with 3 refills and Effexor 75mg #60 3 refills. The UR (utilization review board) denied certification on October 20, 2015; prescriptions for Flexeril 10mg #90 and modified the Effexor 75mg #60 with 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg Qty 90 with 3 refills: Upheld**

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

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

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed. Furthermore, as Flexeril is only recommended for short-term use, the requested 4 month supply is not medically necessary.

**Effexor 75 mg Qty 60 with 3 refills: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD.

**Decision rationale:** The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association,

2006) Per the medical records submitted for review, it was noted that the injured worker suffers from reactive anxiety and depression secondary to the industrial injury. I respectfully disagree with the UR physician's denial based upon a lack of neuropathic pain, or functional benefit, the guidelines do not mandate this documentation. The requested medication is indicated for the injured worker's depression. Antidepressants cannot be administered on an as-needed basis, making assessment of functional improvement harder to correlate. The request is medically necessary.