

<b>Case Number:</b>	CM15-0053308		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/02/1982
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Pennsylvania  
 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 64 year old male who sustained an industrial injury on 12/02/1982. The diagnosis was chronic low back pain. Previous treatments included medications, physical therapy and transcutaneous electrical nerve stimulation (TENS) unit. Submitted documentation includes progress notes from October and November 2014 and January 2015. Elavil, Celebrex, Prozac, and norco were prescribed since October 2014. Report dated 01/08/2015 noted that the injured worker had no complaints and that the chronic low back pain was stable on current medications. Pain level was not included. Physical examination was normal except for limited lumbar flexion. Neurologic examination was non-focal. The treatment plan included medication requests. Work status was not documented. Progress notes from October and November 2014 noted similar findings. Indications for the prescribed medications and response to treatment was not discussed. On 3/10/15, Utilization Review (UR) non-certified requests for Prozac 20 mg #30 with 11 refills, Elavil 25 mg #30 with 11 refills, Celebrex 200 mg #30 with 11 refills, and norco 5/325 mg #60 with 11 refills, citing the MTUS and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20 mg #30 with #11 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 13-16 SSRIs p. 107 Page(s): 13-16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

**Decision rationale:** The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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. Selective serotonin reuptake inhibitors (SSRIs) are controversial based on clinical trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. In this case, the documentation did not note the reason for prescription of prozac. The records submitted indicate a diagnosis of low back pain. There was no documentation of neuropathic pain. There was no documentation of work status, activities of daily living, change in use of medications, discussion of sleep quality and duration, psychological assessment or any psychiatric symptoms. No pain levels were noted. Due to lack of specific indication and lack of functional improvement, the request for prozac is not medically necessary.

**Celebrex 200 mg #30 with 11 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 67-73.

**Decision rationale:** This injured worker has chronic low back pain, without documentation of acute exacerbation. Celebrex has been prescribed for at least four months. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term

only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. No blood pressure readings or laboratory tests were submitted. Work status and activities of daily living were not discussed. Due to lack of functional improvement, length of use in excess of the guidelines, use for chronic low back pain without acute exacerbation, and potential for toxicity, the request for celebrex is not medically necessary.

**Elavil 25 mg #30 with 11 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 13-16 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

**Decision rationale:** The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. In this case, the documentation did not note the reason for prescription of elavil. The records submitted indicate a diagnosis of low back pain. There was no documentation of neuropathic pain. There was no documentation of work status, activities of daily living, change in use of medications, discussion of sleep quality and duration, psychological assessment or any psychiatric symptoms. No pain levels were noted. Due to lack of specific indication and lack of functional improvement, the request for Elavil is not medically necessary.

**Norco 5/325 mg #60 with 11 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic low back pain. Norco has been prescribed for at least four months. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a

prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Work status and activities of daily living were not discussed. The treating physician documented that the injured worker was stable on current medications, without further details regarding results of treatment. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; no pain levels were discussed. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.