

Case Number:	CM15-0089855		
Date Assigned:	05/14/2015	Date of Injury:	03/23/1999
Decision Date:	06/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 50 year old male sustained an industrial injury to the back and neck on 3/23/99. Recent treatment included medications and home exercises. In a progress note dated 4/27/15, the injured worker complained of back pain, muscle cramps, muscle weakness and deep pain in the calf. The injured worker also reported fatigue, lethargy, abdominal pain, bloating, heart burn, difficulty urinating, depression, anxiety and sleep disturbances. The injured worker noted effective pain management and improved mood with current medication regimen. The injured worker stated that he had been unable to return to work because he had been unable to perform a treadmill test at his cardiologist appointment. Physical exam was remarkable for normal gait and posture. The injured worker appeared healthy, well-nourished and well-developed. Current diagnoses included cervical disc displacement without myelopathy and lumbar spine degenerative disc disease. The treatment plan included continuing medications (Meloxicam, Cyclobenzaprine and Escitalopram) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

Decision rationale: According to MTUS guidelines, Mobic (Meloxicam) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is no documentation that the patient is suffering of osteoarthritis pain. Furthermore and according to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Mobic is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of the pain. There is no documentation that the provider recommended the lowest dose for the shortest period of time. There is no documentation of pain and functional improvement with previous use of NSAID. Therefore, the prescription of Meloxicam 7.5mg, #60, with 5 refills is not medically necessary.

Cyclobenzaprine 10mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Therefore, the request for Cyclobenzaprine 10mg #30 with 5 refills is not medically necessary.

Escitalopram 10mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation SSRIs (selective serotonin reuptake inhibitors). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Citalopram “not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. Selective serotonin

reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. SSRIs that are commonly prescribed include the following: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, & sertraline.” (Clinical Pharmacology, 2010) There is no clear documentation suggesting pain secondary to depression in this case. Therefore, the request for Escitalopram 10mg, #90 with 1 refill is not medically necessary.