

Case Number:	CM13-0013663		
Date Assigned:	10/01/2013	Date of Injury:	11/15/2004
Decision Date:	01/10/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 61-year-old male who sustained an occupational injury on 11/15/2004. The patient's mechanism of injury occurred when the patient was unloading a bundle of aluminum weighing approximately 500 pounds onto a cart when it missed the cart and it started to fall onto his arm. The patient indicates he lost consciousness and when he woke up the aluminum was on his legs. The patient's diagnoses include carpal tunnel syndrome, thoracic spine intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, synovitis/tenosynovitis/ankle sprain, other postsurgical status, and major depressive disorder. According to the most recent evaluation note dated 07/19/2013 the patient indicates he still experiences right arm numbness off and on and that his back, knee, and ankle pain were about the same. The patient indicates that the Zoloft has helped with his depression and mood. Objective documentation revealed lumbar spine flexion of 75 degrees, extension 25 degrees with pain at the end ranges. There was minimal tenderness to palpation over the midline with a positive Mailgram's and straight leg raise being negative bilaterally. The patient's right ankle had tenderness to palpation over the anterior capsule. Sensation was intact to light touch over bilateral lower extremities with a Froment test positive on the right and negative on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Clyclobenzaprine Page(s): 41-42.

Decision rationale: California MTUS indicates that cyclobenzaprine or Flexeril is recommended only for a short course of therapy. Limited, mixed evidence does not allow for a recommendation of chronic use. It is associated with number needed to treat of 2 weeks for symptom improvement. As such, this medication is not recommended to be used for longer than 2 to 3 weeks. Upon review of the documentation provided there was evidence the patient has been prescribed cyclobenzaprine for an extended time without remark on the patient's functional benefit or improved clinical status resulting from the use of this medication. Given its lack of support for use over 2 to 3 week period of time with evidence of extended periods of use and lack of documented evidence of functional benefit or improved clinical status resulting from its use, this request cannot be supported and is therefore non-certified. The request for Cyclobenzaprine 7.5 mg # 60 is not medically necessary and appropriate.

Sertraline 100 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antidepressants for Chronic Pain Page(s): 14-16. Decision based on Non-MTUS Citation
Official Disability Guidelines (ODG).

Decision rationale: The California MTUS indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and is 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 medications, sleep quality and duration, and psychological assessment. More specifically in regards to Sertraline 100 mg which is an SSRI or selective serotonin reuptake inhibitor this is a class of antidepressant that inhibits serotonin reuptake without action on noradrenaline. However, they are controversial based on controlled trials and it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. While there is some evidence that the patient is receiving psychological benefit from the use of Zoloft, Official Disability Guidelines indicate that tricyclics are generally considered as first line agents unless they are ineffective, poorly tolerated, or contraindicated. Given the lack of documentation to indicate that the patient has failed a trial of tricyclic antidepressants prior to the initiation of an SSRI, the continued use of this medication cannot be supported and is therefore non-certified. The request for Sertraline 100 mg # 30 is not medically necessary and appropriate.