

<b>Case Number:</b>	CM14-0120306		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 injured worker is a 39 year old male who injured his back on Jan 16, 2012. He has complained of low back pain with lower extremity radiculitis, insomnia, anxiety, and depression since that time. He has undergone physical therapy and epidural steroid injections. He is currently being treated with medications and psychotherapy. His physical exam is severely restricted with limitations in the lumbar range of motion, sensory deficits in the left lower extremity, positive straight leg raise, and antalgic gait. The worker is using a cane for assistance in ambulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, specific drug list Page(s): 81; 91.

**Decision rationale:** According to the Medical Treatment Utilization Schedule, Norco is hydrocodone with acetaminophen. It is indicated for moderate to moderately severe pain. This worker has chronic musculoskeletal pain and has been prescribed opioids. However, there is no

evidence that his pain has been lessened, since he states he has 10/10 pain on medications, his functionality has improved, his exam still demonstrates severe restriction, his medications have been decreased, and that his ability to work has increased. In addition, there are no urine drug screens that have been made available, nor is there a written contract, which is not required, but suggested. Therefore, until these criteria are met, medical necessity has not been shown and the request is not medically necessary.

**Celexa 20mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

**Decision rationale:** According to the Medical Treatment Utilization Schedule, Celexa (citalopram) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. (Saarto-Cochrane, 2007) (ICSI, 2007) Other recent reviews recommended both tricyclic antidepressants and serotonin norepinephrine reuptake inhibitors (i.e., duloxetine and venlafaxine) as first line options. (Dworkin, 2007) (Finnerup, 2007) Non-neuropathic pain: Recommended as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In guidelines for painful rheumatic conditions recommended by Perrot, it was suggested that antidepressants may be prescribed as analgesics in non-depressed patients, with the first-line choice being tricyclics initiated at a low dose, increasing to a maximally tolerated dose. (Perrot, 2006) Selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of selective serotonin reuptake inhibitors and pain. This worker has a strong psychological component to his pain. He is seeing a psychiatrist and shows classic signs and symptoms of depression in his behavior during office visits as well as a positive review of systems. As stated above, selective serotonin reuptake inhibitors may be helpful in addressing psychological symptoms associated with chronic pain. Therefore, this request is medically necessary.

**Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 64.

**Decision rationale:** Per the Medical Treatment Utilization Schedule, 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. It has a central mechanism of action. The worker has had chronic and diffuse musculoskeletal complaints with radiculitis since 2012. Per the Medical Treatment Utilization Schedule, cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. Therefore, the request is not medically necessary.