

<b>Case Number:</b>	CM14-0144319		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/26/2000
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a man with a date of injury of 9/26/00. He was seen by his provider on 7/30/14 with complaints of dull, stabbing neck pain with radiation to his right arm and hand and for medication refills. His medications included metaxalone, escitalopram, Celebrex, tizanidine, doxepin, duloxetine and gralise. His physical exam showed good cervical range of motion and he was non-tender. His right grip strength was slightly reduced and Tinel's was negative. He was non-tender with lumbar spine range of motion. He did not have knee ligament laxity. His diagnoses included cervical, thoracic and lumbar disc degeneration, cervical radiculitis, osteoarthritis forearm and degeneration joint shoulder and knee. At issue in this review are the refill of medications: metaxalone, escitalopram, Celebrex, tizanidine, doxepin, duloxetine and gralise. Prior length of therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #90 with 3 refills:** Upheld

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

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

**Decision rationale:** Zanaflex or tizanidine is a muscle relaxant used in the management of spasticity. His medical course has included use of numerous medications including narcotics, NSAIDs, gabapentin and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 7/14 fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify ongoing use. As such, this request is not medically necessary.

**Doxepin/Sinequan 10mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

**Decision rationale:** Doxepin is a tricyclic antidepressant which is used as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options. His medical course has included use of numerous medications including narcotics, NSAIDs, gabapentin and muscle relaxants. There is no documented diagnosis or physical exam evidence of depression or neuropathic pain or why he requires this medication. The records do not support the medical necessity of doxepin.

**Duloxetine/Cymbalta 60mg #360 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**Decision rationale:** At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. There is no documentation of a discussion of efficacy or side effects of this medication or what the medication is targeting - ? cervical radiculitis. The records do not support the medical necessity of ongoing use of Cymbalta.

**Gralise/Gabapentin 300mg #270 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of Gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or side effects to justify ongoing use. As such, this request is not medically necessary.

**Metaxalone/Skelaxin 800mg #270 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 7/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. As such, this request is not medically necessary.

**Escitalopram/Lexapro 20mg #360 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** SSRIs are not recommended as a treatment for chronic pain, but they may have a role in treating secondary depression. This injured worker is prescribed escitalopram. There is no diagnosis documented in the note of depression and the records nor is there a discussion of efficacy or side effects documented to support the medical necessity of this medication.

**Celebrex 200mg #180 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or side effects to justify ongoing use. As such, this request is not medically necessary.