

Case Number:	CM15-0117380		
Date Assigned:	07/08/2015	Date of Injury:	05/05/2003
Decision Date:	11/25/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial-work injury on 5-5-03. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc degeneration, cervical radiculitis, and chronic pain syndrome. Treatment to date has included pain medication Norco, Lyrica, Celexa (for about 5 years), Naproxen since at least 12-5-14, diagnostics, transcutaneous electrical nerve stimulation (TENS), and other modalities. Medical records dated 5-15-15 indicate that the injured worker complains of pain in the neck, shoulders, arms, hands and low back that radiates to the bilateral trapezius and between the shoulder blades with numbness in the bilateral upper extremities. Her reports numbness, headache muscle stiffness, muscle weakness, depression, anxiety, stress, and insomnia. Per the treating physician report dated 5-15-15 the work status is permanent and stationary. The physical exam dated 5-15-15 reveals cervical spine decreased painful range of motion in all planes and positive Myospasm with tenderness to palpation. The medical record dated 3-6-15 indicates that the Celexa has kept the depression and anxiety down that is caused by his pain related condition and there have been no documented symptoms of depression as the medication is at a therapeutic dose and working well for the injured worker. The physician also indicates that the medications reduce anxiety, increase activity tolerance and there are no side effects, no abuse or aberrant behavior. The request for authorization date was 5-15-15 and requested services included Celexa 20mg QTY: 60.00 and Naproxen 600mg QTY: 60.00 with 2 refills. The original Utilization review dated 5-27-15 modified the request for Celexa 20mg QTY: 60.00 modified to Celexa 20mg QTY: 30.00 for weaning. The request for Naproxen 600mg QTY: 60.00 with 2 refills were non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg QTY: 60.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physicians' Desk Reference), Celexa.

Decision rationale: The California MTUS, ODG and the ACOEM do not directly address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression and anxiety. The documentations show that the patient has symptomatic depression. There are no documented contraindications. Therefore, the request is medically necessary.

Naproxen 600mg QTY: 60.00 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function (Chen, 2008) (Laine, 2008). Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another (Roelofs- Cochrane, 2008); See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the

lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.