

Case Number:	CM15-0117572		
Date Assigned:	06/25/2015	Date of Injury:	05/29/2011
Decision Date:	08/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 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 56 year old female who sustained an industrial/work injury on 5-29-11. She reported an initial complaint of lumbar pain and left shoulder pain. The injured worker was diagnosed as having lumbago, sleep disturbance, anxiety, and shoulder pain. Treatment to date includes medication, psychology, and diagnostics. MRI results were reported on 5-5-11. Currently, the injured worker complained of back pain, described as aching, sore, and shoots down legs and rated 2-3 out of 10. There is back stiffness, radicular pain in both legs with weakness. The left shoulder pain is described as aching, burning, deep, sharp, shooting, throbbing, worsening, stiff, and sore with rating 4 out of 10. Per the primary physician's report (PR-2) on 5-12-15, exam noted sleep disturbance, arm pain, hand edema, back pain, supraspinatus strength at 3 out of 5 bilateral, external rotation strength at 3 out of 5, positive AC (acromioclavicular) joint tenderness, right shoulder range of motion shows decreased flexion with pain, decreased extension, S1 dermatome has decreased light touch sensation on the left. There is cervical facet pain from C2-C6, positive Spurling's, positive foraminal compression testing, and L4-S1 pain with palpation. The requested treatments include Fetzima 40mg and Flexeril 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fetzima 40mg 1 po QID #30 plus 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/fetzima?druglabelid=3303>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 17.

Decision rationale: According to the guidelines, antidepressants such as SSRIs and tricyclics are recommended for use in major depression. In this case, the claimant did have psychological evaluation and was found to have malingering and depressive symptoms. There was no mention of major depression. In addition, there was no mention of behavioral therapy and intervention from a psychiatrist. Failure of SSRIs were not noted. The Fetzima is not justified and not medically necessary.

Flexeril 5mg 1 po BID #60 plus 3 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 Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a year. Long-term use is not recommended and continued use of Flexeril is not medically necessary.