

<b>Case Number:</b>	CM15-0123117		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	12/15/1995
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 60-year-old male who sustained an industrial injury on 12/15/1995. Diagnoses include chronic lower back pain; lumbosacral degenerative disc disease; history of lumbosacral surgery x two; failed back surgery syndrome; opioid dependence; and depression and anxiety related to pain. Treatment to date has included medications, spinal surgery, epidural steroid injection, physical therapy and acupuncture. He also had a psychological evaluation. According to the progress notes dated 4/10/15, the IW reported lower back pain radiating into the bilateral lower extremities, worse on the left. He complained of problems sleeping; only sleeping one-and-a-half to two hours at a time. He admitted being depressed due to pain and to being unable to do household chores or any activity that required forward bending. He rated his average pain 5-6/10; 3/10 on good days and 7/10 on bad days, in which the pain radiates to the bilateral lower extremities. On examination, the IW's affect was depressed. His gait was stiff with postural guarding. He had difficulty with heel-toe walking. Flexion of the lumbosacral spine was 25 degrees and extension was 0 degrees. Lower extremity motor strength was 5/5 except the left hip and knee flexors were 5-/5. The IW was being referred for a functional restoration program. A request was made for Hydrocodone/APAP 10/325mg, #240, Flexeril 5mg, #60 and Fluoxetine 20mg, #30 for treatment of the symptoms of the industrial injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Hydrocodone/APAP, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Hydrocodone/APAP is not medically necessary.

**Flexeril 5 mg #60: 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 of 127.

**Decision rationale:** Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**Fluoxetine 20 mg #30: Upheld**

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

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

**Decision rationale:** Regarding the request for Fluoxetine, an SSRI, CA MTUS guidelines state that tricyclic and SNRI antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no current evidence of efficacy treating depression or another clear rationale for the medication given the absence of support for the use SSRI antidepressants in the management of chronic pain. In the absence of clarity regarding those issues, the currently requested Fluoxetine is not medically necessary.