

<b>Case Number:</b>	CM15-0126175		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	04/03/2006
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year-old male, who sustained an industrial injury on April 3, 2006. The injured worker was diagnosed as having anxiety disorder, pain disorder associated with psychological factors and a general medical condition, dysthymic disorder, low back pain, lumbago, and lumbar post-laminectomy syndrome. Treatments and evaluations to date have included psychotherapy, lumbar laminectomy, and medication. Currently, the injured worker complains of lower back pain with right leg pain. The Primary Treating Physician's report dated May 11, 2015, noted the injured worker was doing well on the current medication with decreasing pain level, allowing him to do light activity at home, with a pain scale of 4/10 with medication. The injured worker's current medications were listed as Meloxicam, Norco, Orphenadrine Citrate ER, Escitalopram, and Lidoderm patches. Physical examination was noted to show the injured worker with hypertension, a slightly antalgic gait, very limited lumbar range of motion (ROM), and pain with flexion, abduction, external rotation, with positive straight leg raise. The treatment plan was noted to include continued medications with a prescription for Norco and a urine drug screen (UDS). The injured worker was noted to have a work status of light duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Escitalopram 10mg #30 with 2 refills per 06/15/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Anxiety medications in chronic pain.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommends antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. An 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, with side effects, including excessive sedation assessed. The long term effectiveness of antidepressants has not been established. The Official Disability Guidelines (ODG) notes Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. Escitalopram (Lexapro) is a SSRI which is also approved for major depressive disorder. The injured worker was noted to have a diagnosis of anxiety without depression, receiving psychotherapy and benefiting from the treatment, feeling better emotionally per the psychologist note dated February 19, 2015. The Physician noted the injured worker able to perform various activities of daily living, including bathing, cooking, dressing, driving, and gardening. Therefore based on the guidelines and the injured workers response to treatment the request for Escitalopram 10mg #30 with 2 refills per the June 15, 2015 order is medically necessary.

**Meloxicam 15mg #30 with 1 refill per 06/15/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) Page(s): 67, 68, 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Meloxicam (Mobic).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The Official Disability Guidelines (ODG) notes Meloxicam is a NSAID used for the relief of the signs and symptoms of osteoarthritis, with use for mild to moderate pain off-label. The injured worker did not have a diagnosis of osteoarthritis, but rather complained of back and leg pain. The injured worker was noted to have been prescribed Meloxicam since at least December 2014. The Physician noted the injured worker was able to perform various activities of daily living,

including bathing, cooking, dressing, driving, and gardening, with use of the medications. Based on the guidelines and the injured workers clinical response the request for Meloxicam 15mg #30 with one refill per the June 15, 2015 order is medically necessary.

**Norco 10/325mg #180 per 06/15/15 order:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone / Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker was noted to have a decrease of his pain level, the Physician also noted the injured worker was able to perform various activities of daily living, including bathing, cooking, dressing, driving, and gardening. A urine drug screen performed was consistent with treatment, therefore based on the MTUS guidelines and the injured workers clinical response to treatment the request for Norco 10/325mg #180 per the June 15, 2015 order is medically necessary.

**Orphenadrine citrate ER 100mg #60 with 2 refills per 06/15/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond

NSAIDs in pain and overall improvement, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine is an antispasmodic muscle relaxant. The injured worker was noted to have been prescribed Orphenadrine since at least December 2014. The physical examination did not reveal muscle spasms or an acute exacerbation of the chronic low back pain. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Orphenadrine citrate ER 100mg #60 with 2 refills per the June 15, 2015 order. Therefore, the request for Orphenadrine is not medically necessary.