

Case Number:	CM15-0129981		
Date Assigned:	07/16/2015	Date of Injury:	11/21/1997
Decision Date:	08/18/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/07/2015

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, Massachusetts

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 54-year-old male, who sustained an industrial injury on November 21, 1997. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication and surgery. Currently, the injured worker complains of low back pain, but is able to work when he takes his prescribed medications. The injured worker is diagnosed with post laminectomy syndrome, radiculopathy (right leg) and chronic low back pain. His work status is regular duty; his disability status is permanent and stationary. A note dated May 20, 2015 states there is tenderness at the lumbar spine and right sciatic notches rated 2-3 on 4. It also states there are no side effects noted from his medications. A note dated May 29, 2015 states the injured worker requires his medication in order to continue to work. The following medications, Flexeril 10 mg #30, OxyContin 20 mg #180 with 2 refills and Celexa 20 mg #90 are requested to provide the injured worker with symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: According to MTUS guidelines, anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being medically necessary at this time. The request is not medically necessary.

OxyContin 20mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, Opioids Page(s): 92, 86, 87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. Additionally page 86 states that the recommended upper limit of total opioid dose is 120 mg of morphine equivalent. From my review of the provided medical records, the requested dosage of opioids well exceeds the recommended upper limit of total opioid dosage. Additionally the provided records do not note improvement in objective physical exam findings or functional capacity. Consequently, continued use of long acting opioids at this dose is not supported by the medical records and guidelines as being medically necessary.

Celexa 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Celexa is an anti-depressant medication from the SSRI family. According to CA MTUS, SSRIs are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain." From my review of the provided records, it appears that the IW was initially diagnosed with depression that was related to chronic pain and impaired functional capacity secondary to the industrial injury. The IW has been prescribed Celexa to treat this depression for nearly a decade with improvement of depression symptoms related to his chronic pain. Based on the provided records and the above-cited guidelines, the prescribed medication is medically appropriate.