

<b>Case Number:</b>	CM15-0148456		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: North Carolina, Georgia  
 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 a work related injury on 2-14-02. The diagnoses have included chronic pain syndrome, carpal tunnel syndrome, pain in shoulder joint and long-term use of medications. Treatments have included oral medications, trigger point injections, physical therapy, home exercises, occasional marijuana use, and completion of a functional restoration program. In the Visit Note dated 7-8-15, the injured worker reports he is here for follow-up of his neck, left shoulder and left ribcage. He is receiving pain medication and treatment from his primary care doctor. He reports no acute changes in his pain at this time. He reports continued difficulty obtaining his medications, which he contributes to his worsening pain and depression. He states he has not been able to get his Prozac and notes an increase in his depression. He admits to occasional feelings of hopelessness and suicidal ideation but denies a plan. He denies any other change in his condition. On physical exam, there are no findings documented of assessments of his neck, left shoulder or his left ribcage. He is not working and he is receiving Social Security payments. The treatment plan includes requests for authorization for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine-Flexeril 7.5mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Cyclobenzaprine-Flexeril. This is not medically necessary and the original UR decision is not medically necessary.

**Fluoxetine-Prozac 20mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Fluoxetine (Prozac).

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** ACOEM includes treatment with antidepressant medication as an important component of treatment of depression. Fluoxetine-Prozac is a first line treatment for depression and the claimant has a documented response to treatment with the medication. Fluoxetine-Prozac is medically necessary.