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| <b>Case Number:</b>   | CM15-0149429 |                              |            |
| <b>Date Assigned:</b> | 09/22/2015   | <b>Date of Injury:</b>       | 05/29/2011 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 07/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2015 |

### 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: Texas, New York, California  
 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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 29, 2011. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve requests for Flexeril and Fetzima. The claims administrator referenced a July 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant reported ongoing complaints of low back pain, 5/10, with radiation of pain to the bilateral lower extremities. Standing and lifting were problematic, the treating provider reported. Diagnostic medial branch blocks were sought, it was stated in one section of the note. The note was somewhat difficult to follow as it mingled historical issues with current issues. Fetzima, Flexeril, and Norco were endorsed while the applicant was placed off of work, on total temporary disability. The request was framed as a renewal request. The attending provider contended that the applicant's pain scores were reduced by 80% as a result of ongoing medication consumption. The attending provider did not seemingly state for what purpose Fetzima had been prescribed and/or whether or not Fetzima had proven beneficial in treating the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg, 1 tablet orally 2 times a day: 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was using 2 other agents, Norco and Fetzima. Adding cyclobenzaprine (Flexeril) to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the twice daily role for which Flexeril was espoused by the attending provider ran counter to the short course of therapy role for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Fetzima 80mg, 1 tablet orally every day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Food and Drug Administration, Fetzima is a serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of Major Depressive Disorder (MDD).

**Decision rationale:** Similarly, the request for Fetzima, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Fetzima may be helpful in alleviating symptoms of depression. Here, however, there was no seeming mention of the applicants having had issues with depression present on the July 7, 2015 office visit in question. It was not clearly stated for what issue, diagnosis, and/or purpose Fetzima had been prescribed. While the Food and Drug Administration had been prescribed and/or whether or not ongoing usage of Fetzima had or had not proven beneficial for whatever purpose it was being employed. While the Food and Drug Administration (FDA) notes that Fetzima, an SNRI antidepressant, is indicated in the treatment of major depressive disorder, again, the July 7, 2015 progress note did not list major depressive disorder as one of the operating diagnoses. Therefore, the request is not medically necessary.