

<b>Case Number:</b>	CM15-0069887		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 51 year old male, who sustained an industrial injury on 08/21/2012. On provider visit dated 02/24/2015 the injured worker has reported lower back, neck, mid back upper back, left and right shoulder pain. On examination of the cervical spine revealed a decreased range of motion, lumbar spine revealed tenderness in lumbar region on both sides and palpation of the lumbar musculature. He was noted to have a marked antalgic posture and gait. And a restriction range of motion with pain. The diagnoses have included lumbar facet syndrome, lumbar muscle spasms, lumbar myalgia/myositis and sacroilitis, cervicgia, cervical muscles spasms Treatment to date has included medications and MRI. The provider requested Prozac 20mg quantity 120 for neuropathic pain, Robaxin 500mg quantity 120, for muscle relaxant, Xanax 0.5mg quantity 60 for anxiety and skeletal pain and Mobic 7.5mg quantity 90 for inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors Page(s): 67,68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRIs.

**Decision rationale:** Prozac (Fluoxetine) is a selective serotonin reuptake inhibitor (SSRI). SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. Prescribing physicians should provide the indication for these medications. In this case, there is no documentation of depression or evidence that the patient has failed traditional antidepressants. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Robaxin 500mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

**Decision rationale:** Robaxin (Methocarbamol) is an antispasmodic muscle relaxant. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. According to CA MTUS Guidelines, muscle relaxants are not recommended for the long-term treatment of chronic pain. They are not recommended to be used for longer than 2-3 weeks. According to the guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**Xanax 0.5mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**Decision rationale:** Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of

chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The documentation indicates the patient has anxiety. The guidelines recommend that a more appropriate treatment for an anxiety and depression disorder would be an antidepressant. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Mobic 7.5mg quantity 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, Meloxicam.

**Decision rationale:** Mobic (Meloxicam) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function, and inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, medical necessity for the requested item has been established. The requested medication is medically necessary for the treatment of this patient's chronic pain.