

Case Number:	CM15-0071424		
Date Assigned:	04/21/2015	Date of Injury:	03/23/1999
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 50 year old male, who sustained an industrial injury, March 23, 1999. The injured worker previously received the following treatments home exercise program, Meloxicam, Escitalopram, Cyclobenzaprine, Lexapro and Mobic. The injured worker was diagnosed with displacement of cervical intervertebral disc without myelopathy, degeneration of lumbosacral intervertebral disc, depression, sleep disturbances and fibromyositis. According to progress note of March 31, 2015, the injured workers chief complaint was low back and upper back pain. The injured worker reported the pain management and improved mood with current medication regimen. The medications provided a 50% pain relief, allowing improvement in function including activities of daily living and home exercise program. The physical exam did not note any abnormalities. The treatment plan included prescriptions for Meloxicam, Escitalopram and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5 MG Tablets Qty. 60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Meloxicam 7.5 mg #60 with five refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are displacement cervical inter-vertebral disc without myelopathy; and degeneration lumbosacral intervertebral disc. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker was taking Meloxicam as far back as June 24, 2013. The documentation has not reflected (according to previous utilization reviews) objective functional improvement. In a progress note dated March 31, 2015, the treating provider states medication provides a greater than 50% pain relief and allows for improvement in function including ADLs and HEP/walking. There are no specific details evidencing objective functional improvement with respect to an increase in ADLs. Additionally, Meloxicam 7.5 mg #16 with five refills is a six month supply. The prescribing information is a lot to 7.5 mg one tablet b.i.d. for 30 days (#60 per month). The requesting provider added five refills to the request. The treating provider has continued Meloxicam for approximately 18 to 20 months. This is in excess of the recommended guidelines. Five refills provides an additional five months of non-steroidal anti-inflammatory use. Consequently, absent clinical documentation with objective functional improvement in axis of the recommended guidelines (lowest dose for the shortest period) with a request for authorization (reflecting a six-month supply), Meloxicam 7.5 mg #60 with five refills is not medically necessary.

Escitalopram 10mg Tablets Qty 90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Escitalopram.

Decision rationale: Pursuant to the Official Disability Guidelines, Escitalopram 10 mg #90 with one refill is not medically necessary. Escitalopram is recommended for controlling anxiety as an important part of chronic pain treatment. Escitalopram is an SSRI and approved for major depressive disorders. SSRI are typically first-line agents for generalized anxiety disorders. In this case, the injured worker's working diagnoses are displacement cervical inter-vertebral disc without myelopathy; and degeneration lumbosacral intervertebral disc. The documentation shows the injured worker was taking Escitalopram (Lexapro) as far back as June 24, 2013. There is no documentation evidencing objective functional improvement in the medical record. According to utilization review in 2013, Lexapro was authorized conditioned future documentation reflects objective functional improvement. In a progress note dated March 31, 2015, the treating provider states medication provides a greater than 50% pain relief and allows for improvement in function including ADLs and HEP/walking. There are no specific details

evidencing objective functional improvement with respect to an increase in ADLs. Additionally, there is no clear indication in the progress note documentation for Lexapro. The subjective complaints state Flexeril, Lexapro and Mobic are used for effective pain management and mood disorder. The medical record does not address symptoms and/or signs referencing depression (with objective improvement). There is no clear-cut documentation of a generalized anxiety disorder or depression. Consequently, absent clinical documentation with a clear clinical indication and rationale for Escitalopram, Escitalopram 10 mg #90 with one refill is not medically necessary.

Cyclobenzaprine 10mg Tablets Qty 30 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 10 mg #30 with five refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are displacement cervical inter- vertebral disc without myelopathy; and degeneration lumbosacral intervertebral disc. The documentation shows the injured worker was taking cyclobenzaprine as far back as June 24, 2013. Cyclobenzaprine is recommended for short-term treatment of an acute exacerbation of low back pain in patients with chronic low back pain or acute low back pain. There is no documentation of an acute exacerbation. The treating provider continued Cyclobenzaprine in excess of 18 months. The recommended guidelines are short-term (less than two weeks). The treating provider clearly exceeded the recommended guidelines by continuing Cyclobenzaprine in excess of 18 months. Additionally, there is no documentation evidencing objective functional improvement. The treating provider also requested an additional five refills for cyclobenzaprine. Consequently, absent compelling clinical documentation to support the ongoing use of Cyclobenzaprine 10 mg in excess of the recommended guidelines for short-term (less than two weeks), Cyclobenzaprine 10 mg #30 with five refills is not medically necessary.