

<b>Case Number:</b>	CM15-0072763		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, Illinois

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 56 year old female, who sustained an industrial injury on 7/19/2013. She reported the onset of severe pain radiating from her neck into her left arm, left shoulder blade, down the back of her arm into the tricep and into the forearm into the fourth and fifth fingers of the hand with persistent numbness. Diagnoses have included degeneration of cervical intervertebral disc, cervical radiculopathy and osteoarthritis of the spinal facet joint. Treatment to date has included cervical epidural steroid injection, physical therapy, chiropractic treatment and medication. According to the progress report dated 2/19/2015, the injured worker complained of stabbing pain in the right side of her neck with burning up to her head into her face with left hand aching and numbness into her fingers. She reported that her pain without medications was 8/10 and with medications was 4/10 on the visual analog scale (VAS). Exam of the cervical spine revealed tenderness and tightness. Range of motion was restricted. Authorization was requested for Cyclobenzaprine, Neurontin and Pristiq.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (Flexeril) 10 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The injured worker sustained a work related injury on 7/19/2013. The medical records provided indicate the diagnosis of degeneration of cervical intervertebral disc, cervical radiculopathy and osteoarthritis of the spinal facet joint. Treatment to date has included cervical epidural steroid injection, physical therapy, chiropractic treatment and medication. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine (Flexeril) 10 mg Qty 90. Cyclobenzaprine is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate the injured worker has been using this medication since 11/2014. The MTUS recommends against using Cyclobenzaprine for more than 2-3 weeks. The request is not medically necessary.

**Neurontin 600 mg with 3 refills Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The injured worker sustained a work related injury on 7/19/2013. The medical records provided indicate the diagnosis of degeneration of cervical intervertebral disc, cervical radiculopathy and osteoarthritis of the spinal facet joint. Treatment to date has included cervical epidural steroid injection, physical therapy, chiropractic treatment and medication. The medical records provided for review do not indicate a medical necessity for Neurontin 600 mg with 3 refills Qty 60. Neurotonin (Gabapentin) is an Antiepilepsy drug. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. Although the medical records indicate improvement with the use of the Gabapentin, there was no documentation of the degree of pain reduction with its use. The request is not medically necessary.

**Pristiq 50 mg with 3 refills Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Desvenlafaxine (Pristiq).

**Decision rationale:** The injured worker sustained a work related injury on 7/19/2013. The medical records provided indicate the diagnosis of degeneration of cervical intervertebral disc, cervical radiculopathy and osteoarthritis of the spinal facet joint. Treatment to date has included cervical epidural steroid injection, physical therapy, chiropractic treatment and medication. The medical records provided for review do not indicate a medical necessity for Pristiq 50 mg with 3 refills Qty 30. Desvenlafaxine (Pristiq), is a serotonin and norepinephrine reuptake inhibitor (SNRI) recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. The records indicates the Utilization reviewer approves of this medication but requires that refills be made based improvement noted at time of return. This recommendation of the Utilization reviewer is in line with the recommendation of the MTUS to periodically review the course of treatment. The request is not medically necessary.