

<b>Case Number:</b>	CM15-0074427		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/15/1997
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 68-year-old male who sustained an industrial injury on 07/15/1997. Diagnoses include lumbar radiculopathy, lumbar facet syndrome, and low back pain. His past medical history is significant for high blood pressure, asthma and arthritis. Treatment to date has included diagnostic studies, medications, spinal cord stimulator, psychotherapy, home exercise program, physical therapy, acupuncture, use of a Transcutaneous Electrical Nerve Stimulation Unit, and chiropractic treatment. A physician progress note a dated 03/23/2015 documents the injured worker complains of lower backache. His pain without medications is a 4 on a scale of 1 to 10. His quality of sleep is poor. He states that medications are working well, and he is taking them as prescribed, and he has no side effects. On examination, there is tenderness and spasm to the paravertebral muscles on both sides. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the right side in sitting at 80 degrees. He has restricted range of motion present in the lumbar spine. The provided states that function and activities of daily living are improved optimally on current dose of medications. Treatment requested is for Flexeril 10mg take 1 daily as needed #60 and Pristiq ER 100mg tablet take 1 daily #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg take 1 daily as needed #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 68 year old male has complained of low back pain since date of injury 7/15/97. He has been treated with acupuncture, TENS, chiropractic therapy and medications to include Flexeril since at least 11/2014. The current request is for Flexeril. Per the MTUS guidelines cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

**Pristiq ER 100mg tablet take 1 daily #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15.

**Decision rationale:** This 68 year old male has complained of low back pain since date of injury 7/15/97. He has been treated with acupuncture, TENS, chiropractic therapy and medications. The current request is for Pristiq, a medication used for the treatment of major depression. There is inadequate discussion in the available medical records regarding the intended use Pristiq and inadequate documentation regarding the diagnosis of major depression. Based on the available medical records and per the MTUS guidelines cited above, Pristiq is not indicated as medically necessary.