

<b>Case Number:</b>	CM14-0207261		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 05-05-2003. A review of the medical records indicates that the worker is undergoing treatment for cervical disc degeneration, chronic pain syndrome, major depressive disorder, somatoform pain disorder associated with psychological factors and a general medical condition and alcohol abuse in remission. Subjective complaints (07-02-2014, 08-29-2014, 11-07-2014) included neck pain radiating to the bilateral upper extremities and was rated as 4-8 out of 10. Medications were noted to help with pain but the degree of pain relief and duration of pain relief were not documented. Objective findings (07-02-2014, 08-29-2014, 11-07-2014) included cervical paraspinal muscle spasms, moderate tenderness between the shoulder blades and cervical spinous processes, limited range of motion in the neck and decreased sensation to touch in the left forearm, right and left pinky, ring and long fingers. Treatment has included Norco, Percocet, Flector patches, Naproxen (since at least 06-17-2014), Flexeril (since at least 06-17-2014), Celexa (since at least 06-17-2014), bracing, surgery, physical therapy, application of heat and ice and a home exercise program. The physician noted that Celexa had kept depression and anxiety down and was able to decrease Xanax and Norco, however there was no mental status examination documented and the degree of improvement of anxiety and depression was not documented. A utilization review dated 11-17-2014 non-certified requests for Naproxen 500 mg 1 tab by mouth, two (2) times per day, #120, Flexeril 10 mg 1 by mouth every day as needed, #20 and Celexa 20 mg 1 tab by mouth, two (2) times per day, #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg 1 tab by mouth, two (2) times per day, #120:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

**Flexeril 10mg 1 by mouth every day as needed, #20:** 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): Muscle relaxants (for pain).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period along with opioids and COX2 inhibitors. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

**Celexa 20mg 1 tab by mouth, two (2) times per day, #120:** Overturned

**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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

**Decision rationale:** According to the guidelines, SSRIs such as Celexa are indicated for major depression. In this case, the claimant has depression and panic attacks. The physician noted that the claimant symptoms were well controlled and allowed for decreased use of opioids. Continued use of Celexa is medically necessary.