

Case Number:	CM13-0013145		
Date Assigned:	09/25/2013	Date of Injury:	02/11/2008
Decision Date:	01/16/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 52-year-old female who reported an injury on 02/11/2008 while transferring a patient. The patient sustained an injury to her cervical spine, bilateral shoulders, and right arm elbow. The patient was treated conservatively with physical therapy and medications. The patient's most recent clinical evaluation documented that the patient had a very slow guarded gait, and negative Tinel's, Phalen's, and cervical compression test bilaterally, very guarded range of motion of the shoulders, range of motion of the right shoulder described as 60 degrees in elevation to the right and 90 degrees in elevation to the left. It was also noted that the patient had severely limited range of motion of the neck. Diagnoses included cervical strain, bilateral shoulder strain, and bilateral forearm tendinitis with early carpal tunnel syndrome. The patient's treatment plan included consultation with pain management, a cervical spine MRI, and referral to a psychiatrist for psychotropic medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion 150mg # 15 (DS15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS American College of Occupational and Environmental Medicine Practice Guidelines, web-based edition, revised chronic pain section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants for treatment of MDD

Decision rationale: The requested prescription for Bupropion 150 mg #15 (DS15) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is in a significant amount of pain. It is noted that the patient is taking Prozac, Wellbutrin, and Effexor. Official Disability Guidelines does support the use of this medication for depressive disorder. However, the clinical documentation submitted for review does not provide any evidence of significant functional benefit as a result of this medication. As such, continuation of this medication would not be supported. As such, the requested prescription for Bupropion 150 mg #15 (DS15) is not medically necessary or appropriate.

Fluoxetine 20mg # 30(DS15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS American College of Occupational and Environmental Medicine Practice Guidelines, web-based edition, revised chronic pain section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress Chapter, Antidepressants for treatment of MDD.

Decision rationale: The requested prescription for Fluoxetine 20 mg #30 (DS15) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is taking Prozac, Wellbutrin, and Effexor. The clinical documentation submitted for review also indicates that the patient's pain is uncontrolled. Official Disability Guidelines does support the use of this medication for depressive disorder. However, there is no indication of the effectiveness of the requested fluoxetine. The clinical documentation submitted for review does not provide any evidence of significant functional benefit as a result of this medication. Therefore, the efficacy cannot be established. As such, the requested prescription for Fluoxetine 20 mg #30 (DS15) is not medically necessary or appropriate.

Venlafaxine 150mg (DS15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS American College of Occupational and Environmental Medicine Practice Guidelines, web-based edition, revised chronic pain section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress Chapter, Antidepressants for treatment of MDD

Decision rationale: The requested prescription for Venlafaxine 150 mg (DS15) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is taking Prozac, Wellbutrin, and Effexor. It is also noted within the documentation that the patient has uncontrolled pain. Official Disability Guidelines does support the use of this medication for depressive disorder. However, there is no functional benefit documented to support continuation of these medications. The efficacy of these medications is not supported by objective findings for functional benefit. As such, the requested prescription for Venlafaxine 150 mg (DS15) is not medically necessary or appropriate.