

Case Number:	CM13-0015641		
Date Assigned:	10/09/2013	Date of Injury:	05/01/1997
Decision Date:	11/24/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Florida. 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/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 46-year-old female who suffered an industrial work related injury on 5/01/1997 (it should be noted that this date of injury varies throughout the provided documentation with one consultant saying in the year 2000 and another stating 1995.) The mechanism of injury is not discussed in the provided medical records. It is stated that the patient has "an incredibly long history in regards to industrial injuries in December 1995 which include neck, shoulders, upper extremities, headaches, and Fibromyalgia. There has also been a low back injury." She had an anterior C4-C5 and C5-C6 interbody fusion on 3/6/2007. She underwent a posterior C5-C6 fusion on 5/4/2011. She has previously had Lumbar epidural injections, cervical medial branch nerve blocks. The patient has previously been treated with narcotics, muscle relaxants, NSAIDS (Nonsteroidal Antiinflammatories.) She has also chronically been on antidepressant and benzodiazepines and narcotics. Records do state that she has a diagnosis of depression and anxiety as well as chronic pain syndrome. Several urine drug screen tests results were provided. It is stated that she is "not able to work or volunteer." A utilization reviewer did not certify the patient's following medications: Prozac, Xanax, and Orphenadrine citrate. Likewise, an Independent Medical Review was requested to assess the medical necessity of each of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROZAC 20MG 1 PO EVERYDAY #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain Chapter, Online Version

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants, SSRI's Page(s): 50.

Decision rationale: In accordance with the California MTUS guidelines, Prozac is a SSRI (Selective Serotonin Reuptake Inhibitor) class antidepressant that is considered controversial based on controlled trials. Its use in the management of chronic pain is specifically controversial, however guidelines do recognize that its main role may be in "addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." This patient does carry a diagnosis of chronic pain as well as of depression, according to the provided medical records. Continuation of this patient's Prozac may be indicated if documentation can be provided that this medication is being prescribed for the treatment of depression and that it is continuing to reduce or control symptoms of depression. Most medical authorities recommend monitoring improvement in the patient's psychiatric symptoms to assess the continued need for antidepressant treatment. Unfortunately, no such documentation has been provided in the provided medical records. Likewise, this request for Prozac is not medically necessary.

PROZAC 40MG 1 CAPSULE PO ROUTINELY EVERYDAY AM #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain Chapter, Online Version

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants, SSRI's Page(s): 50.

Decision rationale: In accordance with the California MTUS guidelines, Prozac is a SSRI (Selective Serotonin Reuptake Inhibitor) class antidepressant that is considered controversial based on controlled trials. Its use in the management of chronic pain is specifically controversial, however guidelines do recognize that its main role may be in "addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." This patient does carry a diagnosis of chronic pain as well as of depression, according to the provided medical records. Continuation of this patient's Prozac may be indicated if documentation can be provided that this medication is being prescribed for the treatment of depression and that it is continuing to reduce or control symptoms of depression. Most medical authorities recommend monitoring improvement in the patient's psychiatric symptoms to assess the continued need for antidepressant treatment. Unfortunately, no such documentation has been provided in the provided medical records. Therefore the request for Prozac is not medically necessary.

ORPHENADRINE CITRATE 100MG 1 PO BID #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100,97.

Decision rationale: In accordance with the California MTUS guidelines, muscle relaxants are not recommended for the treatment of chronic pain. Orphenadrine citrate is a muscle relaxant. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, the request for Orphenadrine Citrate is not medically necessary.

XANAX 1 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 58,100.

Decision rationale: In accordance with the California MTUS guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Therefore the request for Xanax is not medically necessary.