

Case Number:	CM13-0031759		
Date Assigned:	01/03/2014	Date of Injury:	07/20/2009
Decision Date:	03/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 Occupational 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 applicant is a represented [REDACTED] Truck Driver, who has filed a claim for shoulder pain, multiple musculoskeletal injuries, and rib pain associated with an industrial motor vehicle accident on July 20, 2009. Thus far, the applicant has been treated with analgesic medications, left shoulder surgery in December 2009, a cane, long- and short-acting opioids, and antidepressant medications. In a progress note dated December 18, 2013, the applicant reports persistent complaints of pain, 6/10 with medications and 9/10 without medications. The applicant is on Norco, Prozac, and Oxycontin, it is stated. He is able to ambulate without any assistive device in the clinic. Limited lumbar range of motion is noted secondary to pain. 5/5 upper and lower extremity strength are noted. In another section of the report, it is stated that the applicant has an antalgic gait. The applicant is given a cane. Norco and Prozac are reportedly renewed, along with permanent work restrictions. A note dated October 30, 2013 notes that the applicant states that his complaints are unchanged. The applicant states that the medications are beneficial. Nevertheless, the applicant is described as having a severely antalgic gait in one section of the report and then exhibiting a normal heel and toe ambulation in another section of the report. Prozac, Oxycontin, and Norco are issued. The applicant states that MS Contin is not working well. A medical-legal evaluation on October 7, 2013 reflects that the applicant has a history of longstanding depression, and was described by an earlier treating provider as having a Global Assessment of Functioning (GAF) of 55 on December 7, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Prozac 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: In this case, the applicant has standalone symptoms of depression, as opposed to simply having chronic pain issues. The applicant has a longstanding history of psychiatric treatment, it is further noted. As noted in the MTUS-adopted ACOEM Guidelines, antidepressants may take weeks to exert their maximal effect. In this case, the applicant does have longstanding issues with depression. Continuing antidepressants as opposed to discontinuing the same may therefore be appropriate, although it is incidentally noted that the applicant's current primary treating provider (PTP) has failed to document the applicant's response to ongoing usage of Prozac. Since the applicant has stand-alone symptoms of depression as opposed to simply experiencing chronic pain issues, the request for Prozac is medically necessary and appropriate. As such, the request is certified.

90 Oxycontin 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, however, there is no evidence that the applicant has experienced any improvement in function as a result of ongoing opioid therapy. The applicant is described as having a severely antalgic gait requiring usage of a cane. The applicant has failed to return to work. While earlier notes did reference some subjective report of pain relief as a result of unspecific medication usage, these are outweighed by the applicant's failure to return to work and seemingly increased difficulty in terms of performance of non-work activities of daily living. Therefore, the request is not certified.

150 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, however, there is no evidence that the applicant has experienced any improvement in function as a result of ongoing opioid therapy. The applicant is described as having a severely antalgic gait requiring usage of a cane. The applicant has failed to return to work. While earlier notes did reference some subjective report of pain relief as a result of unspecific medication usage, these are outweighed by the applicant's failure to return to work and seemingly increased difficulty in terms of performance of non-work activities of daily living. Therefore, the request is not certified.