

Case Number:	CM13-0037414		
Date Assigned:	12/13/2013	Date of Injury:	04/16/2003
Decision Date:	02/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 Anesthesiologist and Pain 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 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 62 year old male who reported an injury on 04/16/2013. The mechanism of injury was stated to be that the patient was lifting a role of carpet. The patient's diagnoses are noted to include lumbar disc degeneration, back pain and lumbar radiculopathy. The patient was noted to be in the office for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Norco , Ongoing Management Page(s): 75, 78.

Decision rationale: California MTUS Guidelines recommend short-acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's to support ongoing treatment. Additionally, there was a lack of

documentation indicating the necessity for 4 refills. Given the above, the request for Norco 10/325 mg #90 with 4 refills is not medically necessary.

Colace 100mg #180 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Guidelines; Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Per California MTUS, prophylactic treatment for constipation should be initiated when starting opioid therapy. The clinical documentation submitted for review failed to indicate that the patient had signs or symptoms of constipation. Additionally, it failed to indicate the efficacy of the requested medication and the necessity for 4 refills. Given the above, the request for Colace 100 mg #180 with 4 refills is not medically necessary.

Fluoxetine 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the rationale for the use of the medication, and there were 3 medications being reviewed concurrently in the same classification. There is a lack of documentation indicating the quantity of the medication being requested. Given the above, and the lack of documentation, the request as submitted for fluoxetine 20 mg is not medically necessary.

Prozac 20mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication and the rationale and necessity for 3 medications from the same classification. There is a lack of documentation indicating the necessity for 4 refills. Given the above and the lack of documentation, the request for Prozac 20 mg #60 with 4 refills is not medically necessary.

Trazadone 100mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication and the rationale and necessity for 3 medications from the same classification. There is a lack of documentation indicating the necessity for 4 refills. Given the above and the lack of documentation of a rationale, the request for trazodone 100 mg #60 with 4 refills is not medically necessary.