

Case Number:	CM13-0045991		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2002
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Oklahoma and Texas. 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 42-year-old male who reported an injury on 08/24/2002. The patient is diagnosed with knee joint pain, shoulder pain, headache, chondromalacia patella, neck pain, acromioclavicular joint pain, low back pain, medial meniscus tear, and lumbar facet syndrome. The patient was seen by [REDACTED] on 10/15/2013. The patient reported 5/10 left knee pain, as well as left elbow pain and intermittent headaches. Physical examination revealed decreased left shoulder abduction, antalgic gait, and diffuse tenderness over the left knee. Treatment recommendations include continuation of current medication including Prozac, Lidoderm, Norco, Topamax, trazodone, Protonix, and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) SSRI's..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Antidepressants for Chronic Pain, and SSRIs. Page(s): 13-16 and 107.

Decision rationale: California MTUS Guidelines state SSRIs are not recommended for treatment of chronic pain, but SSRIs may have a role in treating secondary depression. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. Satisfactory response to treatment has not been indicated. Based on the lack of objective improvement, the request is non-certified.

Norco 10/325mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Section on Opioids, Criteria for use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids. Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.