

Case Number:	CM13-0050993		
Date Assigned:	12/27/2013	Date of Injury:	06/05/2008
Decision Date:	05/16/2014	UR Denial Date:	10/15/2013
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 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] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and depression reportedly associated with an industrial injury of June 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a lumbar fusion surgery; antidepressant medications; and topical compounds. In a Utilization Review Report of October 16, 2013, the claims administrator modified a request for Gaboxetine as fluoxetine. Thus, in essence, the claims administrator approved one of the components of the compounded medication while denying the other component. The applicant's attorney subsequently appealed. A clinical progress note of December 15, 2013 is notable for comments that the applicant reports chronic low back pain. The applicant is described as having reached permanent and stationary status. The applicant is described as status post lumbar revision surgery with good solid bony fusion. In an earlier note of October 24, 2013, the attending provider suggested that the applicant discontinue or alter Prozac given persistent complaints of depression and ongoing issues with weight gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Meds x1-Gaboxetine (Gabadone & Fluoxetin) DOS 6/26/13:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines.

Decision rationale: Gaboxetine is an amalgam of GABA done and fluoxetine. While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 does endorse usage of antidepressants such as fluoxetine, the MTUS does not specifically address the topic of alternative treatments such as GABA done. GABA done is an alternative treatment or medical food. As noted on Third Edition ACOEM Guidelines, however, alternative treatments, complementary treatments, and medical foods such as GABA done are not recommended in the treatment of chronic pain as they have no proven outcomes in treating the same. It is further noted that the employee has seemingly used Prozac for some time and has failed to effect any lasting benefit or functional improvement despite ongoing usage of the same. The employee remains off of work. The employee's depressive symptoms persist. The employee has also developed weight gain as a result of ongoing Prozac usage. The attending provider ultimately concluded that Prozac was not effective, for all of the stated reasons and suggested discontinuing the same. Thus, in this case, neither GABA done nor fluoxetine is recommended as the former carries an unfavorable recommendation in ACOEM and the employee has failed to effect any functional improvement with the latter. Accordingly, the request is not certified.