

Case Number:	CM13-0053141		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2004
Decision Date:	03/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 low back pain associated with an industrial injury sustained on January 22, 2004. Thus far, the applicant has been treated with analgesic medications, muscle relaxants, antidepressant medications, and lumbar laminectomy surgery. A progress note dated October 21, 2013 notes that the applicant reports persistent neck pain, low back pain, knee pain, anxiety, and sleep disturbance. The applicant is placed off of work on total temporary disability. A report dated October 10, 2013 notes that the applicant should continue Norco, Xanax, Prozac, and Skelaxin. The applicant has developed a painful hernia which is attributed to his prior lumbar spine surgery. The applicant describes carrying a diagnosis of major depressive disorder. His pain is reportedly unrelenting. A pain management program is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: 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 are evidence of successful return to work, improved function, and reduced pain. In this case, however, the applicant does not appear to have met any of the aforementioned criteria despite ongoing usage of Norco. The applicant has failed to return to work. The applicant reports heightened pain as opposed to reduced pain. Continuing Norco, then, is not indicated. Therefore, the request is not certified.

Prozac 40mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, antidepressants such as Prozac take some time to exert their maximal effect. In this case, the applicant is having ongoing issues with depression, sleep disturbance, and anxiety. Continued usage of Prozac, an antidepressant medication, is indicated to combat the same. Even though the applicant has not demonstrated a favorable response to Prozac thus far, continuing this medication is more appropriate than discontinuing it, especially in the face of the applicant's ongoing mental health issues. Therefore, the request is certified.

Skelaxin 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in those applicants with chronic low back pain. In this case, however, the applicant has used this particular agent chronically and failed to derive any lasting benefit or functional improvement. The applicant remains off of work, on total temporary disability. The applicant reports heightened pain complaints. The applicant remains highly reliant on various medications and medical treatments, operative or nonoperative. Continuing Skelaxin in the face of the applicant's failure to effect any functional improvement as defined in MTUS 9792.20f is not indicated. Therefore, the request remains non-certified.