

<b>Case Number:</b>	CM13-0059469		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 expert 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 48 year old female that reported an injury on 01/28/2008. The mechanism of injury was the patient was struck in the head by a broken shackle. The clinical note dated 09/19/2013 noted that the patient had a deteriorating and hysterical mood with panic, sadness and anger. Subjective observation noted that the patient was losing weight and having problems sleeping. The patient was off of her medications due to the medications not being covered by the carrier. The patient complained of headaches and double vision and balance issues without falls. On examination, there was noted pain and spasm of the paraspinal muscles and trapezius muscles. There was noted bilateral central facial weakness. The documented plan of care was to request authorization for Verapamil for the patient's headaches, Effexor 75mg 1 twice a day to be resumed and for the patient to be seen in 2 days for admission and psychiatric evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, 1-2 EVERY 4-6 HOURS, 120 COUNT W/4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**Decision rationale:** The MTUS states that for the long term use of opioids there should be documentation for the effectiveness or none effectiveness on the patients pain while on the medication with routine drug testing to comply with the dosage amounts prescribed and compliance. There should be objective and subjective findings by the physician that follows the guidelines, Due to the lack of objective documentation that is in the MTUS guideline for the use of long-term opioids and the lack of functional deficits provided on the patient's levels of pain and how the pain effects daily function. The request with 4 refills in not needed due to the requirements of the routine office visits and routine drug testing with documentation of the effectiveness of the medication. Therefore, the request is not medically necessary and appropriate.

**PROZAC 20 MG, 2 PER MORNING, 60 COUNT W/4 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**Decision rationale:** The California MTUS states that Prozac which is in the class of recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long-term effectiveness of anti-depressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. Due to the lack of documentation that was provided with no clear direction for the Prozac in the treatment for the injuries related to the case and the lack of long term projected outcome that is expected for the patient on the medication, the request is not medically necessary and appropriate.