

Case Number:	CM13-0063726		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2001
Decision Date:	04/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, Pain Management, 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 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 54-year-old male who reported an injury on 02/21/2011 after a slip and fall that reportedly caused injury to his low back and left knee. The patient's chronic pain was managed with medications. The patient was monitored with aberrant behavior with urine drug screens. The patient's medication schedule included Thera-gesic pain patch, Prozac, Norco 10/325 mg, omeprazole, tizanidine, Ambien, naproxen, and Tylenol. The patient's most recent clinical evaluation documented that the patient had continued pain complaints of the lumbar spine and left knee. There was tenderness to palpation along the lumbar facet joints and lumbar paraspinal musculature and left knee joint lines. The patient's diagnoses included knee joint pain, low back pain, knee osteoarthritis, medial meniscus tear, lumbar facet syndrome, and lumbar osteoarthritis. The request was made for continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prozac 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60,67.

Decision rationale: The requested prescription of Prozac 20 mg #60 is not medically necessary or appropriate. According to California Medical Treatment Utilization Schedule does recommend the use of antidepressants as a treatment for chronic pain, especially for patients with a psychiatric component. The clinical documentation submitted for review does provide evidence that the patient has been on this medication since at least 10/2012. California Medical Treatment Utilization Schedule recommends that continued use of medications in the management of chronic pain be supported by a quantitative assessment of pain relief related to medication usage and documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient receives significant pain relief from this medication. Additionally, there is no documentation of significant functional benefit related to medication usage to support the efficacy of this treatment. As such, the requested 1 prescription of Prozac 20 mg #60 is not medically necessary or appropriate.

1 PRESCRIPTION OF NORCO 10/325MG #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE: ON-GOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE: ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the patient has been monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide any quantitative assessments to support pain relief and increased function. Therefore, continued use of this medication is not supported. As such, the requested Norco 10/325 mg #120 with 2 refills is not medically necessary or appropriate.