

Case Number:	CM13-0070236		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2010
Decision Date:	08/08/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopedic Surgery 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 injured worker is a 44 year-old individual who was reportedly injured on 3/11/2010. The mechanism of injury is noted as auto versus pedestrian accident. The most recent progress note, dated 12/23/2013 indicates that there are ongoing complaints of neck, low back and radiating lower extremity pain. Physical examination demonstrated lumbar spine: minimal tenderness to palpation the lumbar spine. Limited range of motion secondary to pain. Diagnostic imaging studies include CT scan of the lumbar spine dated 10/8/2013 is referred to in this note which revealed postsurgical changes of posterior fusion L3 through S1. No evidence of neural foraminal narrowing. Previous treatment includes multiple surgeries, medication, chiropractic care, physical therapy and conservative treatment. A request had been made for fluoxetine 20mg #30, pantoprazole 20mg #60, morphine sulfate er 30mg #90, gabapentin 600mg #120, hydrocodone/apap 10/325MG #90, and was not certified in the pre-authorization process on 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOXETINE 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 107 of 127.

Decision rationale: SSRIs (selective serotonin reuptake inhibitors) such as Fluoxetine are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. After review of the medical documentation provided there is no evidence in the history or objective of any mental health or psychological disorder requiring the need for this medication. Therefore this request is deemed not medically necessary.

PANTOPROZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. California Medical Treatment Utilization Schedule 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal (GI) distress symptom. After review of the medical records provided there was no documentation in history or physical examination concerning G.I. symptoms associated with medication use or history of gastrointestinal problems. Therefore the continued use of this medication is deemed not medically necessary.

MORPHINE SULFATE ER 30MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 74,75,78.86.93 of 127 Page(s): 74,75,78.86.93 of 127.

Decision rationale: Morphine sulfate is a controlled substance with extended and sustained release preparations that should be reserved for patients with chronic pain, who are in need of continuous treatment. After reviewing the medical records provided it is noted the injured worker has chronic low back pain however on the current medication regimen there is no documentation

concerning controlling/improvement in his pain as well as increase in function. Therefore this request is deemed not medically necessary.

GABAPENTIN 600MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127..

Decision rationale: Gabapentin is considered a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on physical exam. As such, without any objective physical findings of neuropathic type pain the continued use of this medication is deemed not medically necessary.

HYDROCODONE/APAP 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.