MAXIMUS Federal Services

Case Number:	CM14-0002505		
Date Assigned:	01/24/2014	Date of Injury:	12/28/2009
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine, has a subspecialty in Preventative 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 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 applicant represented is a [redacted] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on December 28, 2009. Thus far, the applicant has been treated with analgesic medications, psychotropic medications, a lumbar support, lumbar discography, unspecified amounts of chiropractic manipulative therapy, epidural steroid injection therapy, and extensive periods of time off of work. A note from January 2, 2013 was notable for comments that the applicant was diagnosed with depression, headaches, insomnia, and gastritis. The applicant was described as using Wellbutrin at that point in time. Zoloft was apparently discontinued owing to lack of efficacy. In a medical-legal evaluation of November 21, 2013, the applicant was given diagnoses of low back pain, sacroiliac joint pain, sleep deprivation, gastritis secondary to medications, stress, anxiety, depression, weight gain, and decreased libido. The applicant was described as having been off of Prozac in small quantities since her early 40s. The applicant states that the combination of Prozac and psychological counseling has been relative effective. It is stated that the applicant's Global Assessment of Functioning (GAF) is 63, based principally on deficits associated with anxiety disorder and major depressive disorder. It was stated that the applicant had ongoing issues with headaches. In an August 20, 2012 deposition, the applicant stated that she has had migraine headaches since 1984 and that she believes her industrial injury and associated anxiety have resulted in the worsening of the underlying migraine headaches. The applicant states that she used Imitrex for breakthrough headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROZAC 20 MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, antidepressants such as Prozac may take weeks to exert their maximum effect. In this case, the applicant in fact has long-standing issues with major depressive disorder and anxiety disorder. The attending provider and medical-legal evaluator have seemingly posited that ongoing usage of Prozac has attenuated the applicant's mental health complaints, to some extent. Continued usage of the same is therefore indicated. Accordingly, the request is medically necessary.

IMITREX 50 MG #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

Decision rationale: The MTUS does not address the topic, so alternate guidelines were consulted. As noted in the Physicians' Desk Reference, Imitrex is indicated for the treatment of acute migraine attacks with or without aura in adults. In this case, the documentation on file, coupled with the applicant's deposition of 2012, do establish the presence of long-standing issues with migraine headaches for which usage of Imitrex is intermittently indicated. Therefore, the request is medically necessary.