

Case Number:	CM14-0102700		
Date Assigned:	07/30/2014	Date of Injury:	08/26/2010
Decision Date:	10/20/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 is a represented [REDACTED] employee, who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of August 26, 2010. Thus far, applicant has been treated with the following: Analgesic medications; dietary supplements; psychotropic medications; intermittent drug testing; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for Prozac, GABADone, and Sentra, invoking non-MTUS ODG Guidelines in each case, despite the fact that the MTUS did address the topic of Prozac. The applicant's attorney subsequently appealed. In a December 11, 2013 progress note, the applicant reported persistent complaints of low back pain exacerbated by standing and walking. X-rays apparently demonstrated a consolidating lumbar fusion hardware some seven months removed from the date of spine surgery. 12 sessions of physical therapy were sought. The applicant's work status was not clearly stated. The applicant apparently received cognitive behavioral therapy on December 11, 2013. It was stated that the applicant remained depressed and frustrated, but denied any suicidal thoughts. On January 3, 2014, the applicant was incidentally described as having an improved mood. The applicant was reportedly using Norco, Morphine, Naprosyn, Topamax, Prilosec, Fexmid, and Xanax, it was stated. On May 15, 2014, the applicant was given refills of Norco, Naprosyn, Fexmid, Colace, Prilosec, MS Contin and Topamax. It was stated that the applicant had ongoing 7/10 low back pain. The applicant did not appear to be working. It was stated that the applicant was also using Prozac for his mental health issues. It was stated that the applicant was making small improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg #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 (ODG) TWC Pain

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 in Chapter 15, page 402, antidepressants such as fluoxetine (Prozac) "may be helpful" to alleviate the symptoms of depression. In this case, the applicant is reporting some improvement in mood and some diminution in symptoms of anxiety achieved as result of ongoing fluoxetine usage. The applicant was described as denying suicidal ideation on a psychological counseling progress note, referenced above. It appears that fluoxetine (Prozac), thus, is generating some benefits in terms of mental health issues, here. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

Gabapone #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) TWC Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, however, dietary supplements, complementary treatments, and/or alternative treatments such as GABAone are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefit or favorable outcomes in the treatment of the same. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Sentra AM #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) TWC Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, however, dietary supplements such as Sentra AM are not recommended in treatment of the chronic pain as they have not been demonstrated to have any meaningful benefits in the treatment of the same. As with the other dietary supplements, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Sentra PM #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) TWC Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chronic Pain Chapter, Alternative Treatments section

Decision rationale: The MTUS does not address the topic. However, as noted in Third Edition ACOEM Guidelines, dietary supplements such as Sentra PM are "not recommended" in the treatment of the chronic pain as they have been shown to produce any meaningful benefits or favorable functional outcomes in the treatment of the same. As with the other dietary supplements, the attending provider failed to furnish any compelling applicant specific information or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.