

Case Number:	CM14-0127281		
Date Assigned:	09/23/2014	Date of Injury:	10/19/2009
Decision Date:	12/04/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 Emergency 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 injured worker is a 39 year-old female, who sustained an injury on October 19, 2009. The mechanism of injury occurred when a candle fell on her head. Diagnostics have included: January 17, 2014 drug screen reported as showing positive for Tramadol. Treatments have included: medications. The current diagnoses are: myalgia/myositis, Raynaud's syndrome, fibromyalgia, chronic widespread pain, s/p concussive head injury, adjustment disorder with depressed mood. The stated purpose of the request for Fluoxetine HCL 10mg #60 was to provide. The request for Fluoxetine HCL 10mg #60 was denied on August 5, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Procardia 20mg #30 was to provide. The request for Procardia 20mg #30 was denied on August 5, 2014, citing a lack of documentation of medical necessity. Per the report dated July 18, 2014, the treating physician noted complaints of total body pain, fatigue, problem sleeping, morning gel phenomenon, and also noted that the primary care physician stopped Procardia due to low blood pressure. Objective findings included normal neurologic exam, no rheumatoid arthritis deformities, leg bruising, and hands dry, pink and cold to touch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine HCL 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested Fluoxetine HCL 10mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem. "The injured worker has total body pain, fatigue, problem sleeping, and morning gel phenomenon. The treating physician has documented normal neurologic exam, no rheumatoid arthritis deformities, leg bruising, and hands dry, pink and cold to touch. The treating physician has not documented failed trials of tricyclic antidepressants, or duration of treatment or functional improvement from previous use. The criteria noted above not having been met, Fluoxetine HCL 10mg #60 is not medically necessary.

Procardia 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com, Procardia oral: Uses, Side Effects, Interactions

Decision rationale: The requested Procardia 20mg #30 is not medically necessary. CA MTUS is silent. Per www.webmd.com, Procardia oral: Uses, Side Effects, Interactions, noted that this calcium channel blocker is frequently used to treat hypertension. The injured worker has total body pain, fatigue, problem sleeping, and morning gel phenomenon. The treating physician has documented normal neurologic exam, no rheumatoid arthritis deformities, leg bruising, and hands dry, pink and cold to touch. That the primary care physician stopped Procardia due to low blood pressure. The criteria noted above not having been met, Procardia 20mg #30 is not medically necessary.