

<b>Case Number:</b>	CM14-0150849		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/29/2004
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 patient is a 68-year-old male who has submitted a claim for cervical radiculitis and cervical disc disease associated with an industrial injury date of 11/29/2004. Medical records from 1/23/2014 up to 8/7/2014 were reviewed showing moderate and frequent cervical pain with increased neck stiffness and muscle tenderness. Patient's condition has been unimproved with treatment plan. On PR dated 1/23/14, patient was said to be taking Norco however the medication caused severe nausea and vomiting. Patient requested to change medications, thus patient was switched to Tylenol with codeine. Urine drug screen (UDS) reports on 1/23/14, 4/9/14, and 6/20/14 were all inconsistent with prescribed medications. Physical examination revealed tenderness over the cervical spinal muscles, decreased range of motion (ROM), and decreased sensation over the left upper extremity C6, C7, and C8 to light touch. Treatment to date has included Tylenol #4 with codeine, Norco 10/325mg, Fluoxetine 20mg, Anaprox, Prilosec, gabapentin, Ambien, glucosamine, and physical therapy. Utilization review from 8/27/2014 denied the request for Norco 10-325mg #120, Prescribed 8/7/2014 and Fluoxetine 20mg, #30, Prescribed 8/7/2014. As for Norco, the patient was previously taking Tylenol with codeine; there is no rationale of medical justification provided to indicate why the patient was switched from this medication to Norco. As for Fluoxetine, the patient is not indicated to have depression. Patient is prescribed Neurontin for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #120, Prescribed 8/7/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, it is unclear when the patient started taking Norco. On PR dated 1/23/14, patient was said to be taking Norco however the medication caused severe nausea and vomiting. Patient requested to change medications, thus patient was switched to Tylenol with codeine. The physician requests to switch back to Norco because the patient's condition has been unimproved with current treatment plan. There was no documentation of pain relief and functional improvement when patient was taking Norco. In addition, UDS reports on 1/23/14, 4/9/14, and 6/20/14 were all inconsistent with prescribed medication. Moreover, patient complained of significant side effects with Norco use. Therefore, the request for Norco 10-325mg #120, Prescribed 8/7/2014 is not medically necessary.

**Fluoxetine 20mg, #30, Prescribed 8/7/2014:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Fluoxetine (Prozac), Selective Serotonin Reuptake Inhibitors (SSRIs) for PTSD

**Decision rationale:** CA MTUS does not specifically address fluoxetine (Prozac). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that fluoxetine is recommended as a first-line treatment option for major depressive disorder. Selective serotonin reuptake inhibitors are also recommended as first-line choice for treatment of post-traumatic stress disorder. In this case, the patient has been taking Fluoxetine since at least 1/2014. There was no documentation of the patient having depression or post traumatic stress disorder to warrant the use of Fluoxetine. Therefore the request for Fluoxetine 20mg, #30, Prescribed 8/7/2014 is not medically necessary.