MAXIMUS Federal Services

Case Number:	CM14-0157950		
Date Assigned:	10/01/2014	Date of Injury:	07/23/2011
Decision Date:	11/06/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 Pain Management 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 25 year old female with a date of injury on 7/23/2011. She has history of (a) left knee pain, status post meniscus repair performed in October 2011, arthroscopy with debridement and bone grafting on 8/14/2013, and arthroscopic ligament repair on 3/6/2014; and (b) chronic knee pain. The magnetic resonance imaging from 10/2012 showed meniscal contusion, popliteal tenosynovitis. The magnetic resonance imaging of the right knee done on 5/30/2014 showed no significant interval change from previous magnetic resonance imaging dated 10/3/2012, with small amount of joint fluid, mild edema, degenerative intra meniscal signal with no evidence of tear. The records dated 6/9/2014 documents that the injured worker returned for a follow-up for bilateral knee pain and she continued to recuperate from left knee surgery done on 3/6/2014 and her post operative physical therapy was ongoing. She reported she was doing well on Norco, Prozac, omeprazole, amitriptyline, and Wellbutrin with no adverse side effects or aberrant behavior. The records dated 8/18/2014 document that the injured worker continued follow-up on her left surgery. She complained of anterior sharp, shooting pain during movement due to natural hyperextension of her knee. She completed her physical therapy sessions and continued home exercise program with full improvement to range of motion. The lower extremities examination noted full range of motion except for the left knee. Mild soft tissue swelling was noted with mild effusion of the left knee. Decreased quad tone was also noted. The right knee examination noted tenderness and positive medial joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Prozac 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Prozac (fluoxetine) is classified under selective serotonin reuptake inhibitors, and the Chronic Pain Medical Treatment Guidelines indicate that this medication is controversial based on controlled trials and its role may be in addressing psychological symptoms associated with chronic pain. Due to lack of support of evidence-based guidelines with regard to the usage of selective serotonin reuptake inhibitors for chronic pain, the medical necessity of the requested retro Prozac 20 mg #30 is not established.

RETRO: Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, it is essential that an injured worker is needed to be determined at risk for gastrointestinal events through the use of the criteria presented by evidence-based guidelines including: (1) Age > 65 years, (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; and (4) high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker is not 65 years old, does not have relevant medical history regarding gastrointestinal events, does not have any complaints regarding gastrointestinal related-events, and is not concurrently using acetylsalicylic acid, corticosteroids, or high dose/multiple nonsteroidal anti-inflammatory drugs. The injured worker's clinical presentation does not satisfy the aforementioned criteria. Therefore, the medical necessity of the requested retro Prilosec 20 mg #30 is not established.

RETRO: Wellbutrin 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WELLBUTRIN (BUPROPION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Wellbutrin has been shown to be effective in relieving neuropathic pain but it is suggested that this medication is generally a third-line medication for those who have not had a response to

tricyclics or serotonin-norepinephrine reuptake inhibitor. Based on the records, there is no objective evidence of neuropathic pain and there is no indication that first-line medications including tricyclics or serotonin-norepinephrine reuptake inhibitors have been trialed and failed. Therefore, the medical necessity of the retro Wellbutrin 150 mg #60 is not established.