

Case Number:	CM14-0158898		
Date Assigned:	10/02/2014	Date of Injury:	05/01/1997
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Texas. 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:

This injured worker is a 48 year old woman who was involved in a work related injury from 5/1/1997. The injured worker had a neck injury and had cervical fusion. She also has had back problems and has been treated with lumbar injections as well. Notes from the treating pain management physician indicate that the injured worker has benefited from her pain medications and adjunctive medications that allow her to be more functional and perform more activities around the house. With her medications, the injured worker's pain level is reduced by 50 to 70%. The injured worker is using many medications including Norco and Duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 40mg, #30 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic Pain.

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

Decision rationale: The injured worker has documented problems of anxiety and depression. The physician has identified that the injured worker's overall status and psychiatric issues have improved with the use of medication. A comment was made that the injured worker had

engaged in self mutilating behaviors in the past, which is no longer an issue via her current medication treatment. The physician notes that the anti depressant medication helps her to cope in dealing with her difficult to treat chronic pain. It is well known that depression often accompanies chronic pain and that judicious use of anti depressant medication is often a key part of an injured worker's success in recovery. Given this, the continued use of the medication is appropriate. Therefore the requested Prozac 40mg, #30 with 4 Refills is considered medically necessary. The prior denial did not address the data indicating the injured worker's psychiatric history and the injured worker's improvement in her psychiatric pathology with the use of this medication.

Orphenadrine Citrate 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 97.

Decision rationale: This medication is not supported. The guidelines indicate that muscle relaxants are intended for short term use and typically at the acute phase of an injury. This is not that situation at this time. There is no compelling data to indicate that the injured worker derives benefit with the use of this drug or that there is reduction in pain or improvement in function. Physical exam findings also fail to indicate the presence of muscle spasms or similar pathology to support the need for these drugs. Given this, the requested Orphenadrine Citrate 100mg, #60 is non-certified.

Prozac 20mg, #30 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic Pain .

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

Decision rationale: The injured worker has documented problems with anxiety and depression. The physician has identified that the injured worker's overall status and psychiatric issues have improved with the use of medication. A comment was made that the injured worker had engaged in self mutilating behaviors in the past which is no longer an issue via her current medication treatment. The physician notes that the anti depressant medication helps her to cope in dealing with her difficult to treat chronic pain. It is well known that depression often accompanies chronic pain and that judicious use of anti depressant medication is often a key part of an injured worker's success in recovery. Given this, the continued use of the medication is appropriate as requested and considered medically necessary. The prior denial did not address the data indicating the injured worker's psychiatric history and the injured worker's improvement in her psychiatric pathology with the use of this medication.