MAXIMUS Federal Services

Case Number:	CM14-0167441		
Date Assigned:	10/14/2014	Date of Injury:	09/23/2004
Decision Date:	11/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 9/23/2004. The date of the utilization review under appeal is 9/10/2014. On 9/30/2014, the secondary treating physician's progress report notes that the patient's chief complaints included low back pain and right sciatica. The patient presented for pharmacologic reevaluation as well as pump analysis, pump refill, and pump reprogramming. Morphine and Clonidine doses were advanced and the patient was continued as well as on Carisoprodol and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (http:// www.odg-twc.com/odgtwc/stress.htm)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Selective Serotonin Reuptake Inhibitors Page(s): 107.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on selective serotonin reuptake inhibitors states that this class of medication is not indicated as treatment for chronic pain, but may have a role in treating

secondary depression. The medical records are very limited in terms of the rationale or indication or benefit of Prozac. These records are not sufficient to support this request. This request is not medically necessary.

Ibuprofen 800 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications states that anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume. The initial physician reviewer recommended noncertification of this request without more specific documentation of functional benefit. The medical records do clearly indicate that this patient reports benefit from antiinflammatory medications. The treatment guidelines do not require strict documentation of functional benefit as with opioids since pain relief by itself is an appropriate goal of antiinflammatory medication treatment. This request is supported by the treatment guidelines. Overall, the request is medically necessary.

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications and gastrointestinal symptoms states that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records are limited and do not clearly indicate a rationale for gastrointestinal prophylaxis. This request is not medically necessary.

Zofran 4 mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://us.gsk.com/products/assets/us_zofran_tablets.pdf

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatory medications and gastrointestinal symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications and gastrointestinal symptoms states that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records are limited and do not clearly indicate a rationale for gastrointestinal prophylaxis. This request is not medically necessary.