

<b>Case Number:</b>	CM14-0174946		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/21/2006
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy reportedly associated with an industrial injury of August 21, 2006. In a Utilization Review Report dated September 25, 2014, the claims administrator partially approved a request for Prozac, denied a request for tramadol, denied a request for Naprosyn, and approved a request for Omeprazole. The applicant's attorney subsequently appealed. In a September 12, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The applicant was still having issues with GI upset, despite using Omeprazole twice daily. The applicant was using Tramadol and Naprosyn for pain relief. 10/10 pain was reported without medications versus 7/10 pain with medications, exacerbated by standing and walking. The applicant stated that he needed a refill of Prozac to treat his ongoing depressive symptoms. It was stated that the applicant's complete medication list included Naprosyn, Prilosec, Enbrel, Methotrexate, Folate, Prozac, and Tramadol. The applicant was asked to continue Omeprazole for gastric protective effect. Tramadol was apparently changed to tramadol extended release on this occasion. Sixty tablets were reportedly dispensed. Prozac was renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg #30 with 4 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants for treatment of MDD (Major Depressive Disorder), ODG, Mental Illness/Stress (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Prozac often take "weeks" to exert their maximal effect. In this case, the attending provider has posited that ongoing usage of Prozac has attenuated the applicant's depressive symptoms. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Tramadol ER 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tramadol is not recommended as a first-time oral analgesic, in this case, however, the applicant had seemingly tried and failed and/or received incomplete relief from a variety of other analgesic and adjuvant medications, including Naprosyn, Lyrica, Neurontin, Cymbalta, Pamelor, etc. In this case, the attending provider, furthermore, posited that the applicant had achieved only incomplete analgesia with short-acting Tramadol. The request for extended release Tramadol represented a first-time request for the same. A trial of extended release Tramadol was indicated, given the failure and/or incomplete response to several other analgesic and adjuvant medications. Therefore, the request is medically necessary.

**Naproxen 500mg #60 (2 months supply):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant has reported ongoing complaints of NSAID-induced dyspepsia, despite usage of Omeprazole at a rate of twice a day. Cessation of the offending NSAID, Naprosyn, thus, appears to be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.