

Case Number:	CM14-0023169		
Date Assigned:	05/14/2014	Date of Injury:	01/16/2007
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 and 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 01/06/2007. This patient's diagnoses include persistent mechanical low back pain with radiculopathy as well as a history of an L4-L5-S1 fusion with possible pseudarthrosis. This patient was deemed to be permanent and stationary in 2012 with a diagnosis of a failed back syndrome. On 01/29/2014, the patient was seen in follow-up by his treating physician. The patient was noted to have ongoing back pain, right leg pain, and right knee pain as well as headaches. The treating physician reviewed this patient's history of a lumbar fusion and noted the patient is medication dependent and wanted stronger medications than hydrocodone. The patient also reported that he could not do anything without taking Soma. The treating physician felt the patient needed to be evaluated for a possible addiction process. The treating physician also noted the patient was depressed and had tried numerous medications and only some would work for him. Overall, the treating physician recommended switching the patient to Prozac rather than Pristiq. He recommended a mental health referral and a psychiatric follow-up visit as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 80.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management recommends detailed documentation of the four A's of opioid management. The medical records at this time do not clearly document functional benefit from opioids and if anything suggests that the patient has risks for aberrant behavior which are a concern for continuing chronic opioid use. Overall the medical records and guidelines do not support the request for Kadian. This request is not medically necessary.

FLUOXETINE 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 Selective Serotonin Reuptake Inhibitors Page(s): 107.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discuss selective serotonin reuptake inhibitors on page 107 and state that this is not recommended for chronic pain although may have a role in treating secondary depression. The medical records contain very limited assessment of the patient's specific mental health diagnoses, although the treating physician has requested psychiatric treatment. It may be appropriate for the claimant to undergo such psychiatric treatment and in that contest to be considered for fluoxetine. The medical records at this time do not provide enough information to support an indication for this medication. This request is not medically necessary.