

Case Number:	CM14-0030948		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2010
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 Texas and New York. 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 42 year old male who reported an injury on 06/26/2010 due to continuous trauma. The injured worker complained of constant headaches, lower and upper back pain, neck pain, shoulder pain, head sensitivity, dizziness, lightheadedness, constant nausea with leg pain and blurry vision. He also stated that his sleep was restless and painful. The injured worker rated his pain at a 6-8/10 on a pain scale without medications. Physical examination revealed that there was multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapular, scalene infraspinatus, interscapular and thoracic paraspinal musculature. The injured worker could not perform tandem gait well with his eyes closed. He also could not perform heel-toe gait well. The injured worker's sensation to fine touch and pinprick were decreased in the occipital area, as well as on the bottom of both of his feet. Grip strength of the left hand was decreased. The injured worker has diagnoses of posttraumatic headaches, posttraumatic occipital neuralgia, chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate bilateral carpal tunnel and sprain to the left shoulder. The injured worker's medications include Naproxen 550mg 1 tablet every 8 hours #120, Topiramate 50mg 1 tablet 2 times a day #90, Tramadol HCL ER 150mg daily #45 and Mirtazapine 15mg 2 tablets at bedtime #90. The treatment plan is for retrospective request for 90 tablets of Fluoxetine 20mg between 1/20/2014 and 1/20/2014. The rationale and authorization request form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 90 tablets of Fluoxetine 20mg between 1/20/2014 and 1/20/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain (Tricyclic antidepressants) Page(s): 13-15.

Decision rationale: The request for Retrospective request for 90 tablets of Fluoxetine 20mg between 1/20/2014 and 1/20/2014 is non-certified. The injured worker complained of constant headaches, lower and upper back pain, neck pain, shoulder pain, head sensitivity, dizziness, lightheadedness, constant nausea with leg pain and blurry vision. The California Medical Treatment Utilization Schedule (MTUS) guidelines state an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. There was a lack of documentation as to whether the Fluoxetine was being affective to the injured worker. The efficacy of the medication was not noted. There were also no notations as to side effects of the medication. Yet the injured worker stated that he had been experiencing headaches, dizziness and stomach pain. The report does not specify whether these symptoms are side effects or complaints the injured worker had previous to medication. Guidelines also stipulate that caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. There was no documentation as to how often and how many tablets the injured worker had been taking. Given the above, the request Retrospective request for 90 tablets of Fluoxetine 20mg between 1/20/2014 and 1/20/2014 is non-certified.