

Case Number:	CM14-0040608		
Date Assigned:	06/20/2014	Date of Injury:	05/15/2001
Decision Date:	08/07/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 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:

Injured worker is a male with date of injury 5/15/2001. Per pain specialist's progress note dated 2/21/2014, the injured worker reports that medication is helping to mitigate his pain. His function has improved with the medication and there are no side effects. He has been having more pain in the right foot and has had injections in the past with good results. He would like to have another injection. He is not working. He was working in the construction business. His pain is at the left foot medial aspect close to the heel. It is tender, walking makes pain worse and without walking and standing the pain is throbbing. On exam he is nicely groomed. His back has pain with facet loading bilateral. Left leg has weakness. Positive straight leg raise on the right with decreased range of motion of the back. He has left antalgic gait. Left foot has acute tenderness along the plantar surface with the worst pain at the heel area. Cervical spine range of motion is decreased and bilateral facet loading test is positive. Lower extremity strength is 4/5 on the right and 3/5 on the left. Bilaterally knee reflexes are 1+ and symmetrical. Diagnoses include 1) ankle/foot joint pain 2) thoracic degenerative disc disease 3) cervicalgia 4) cervical radiculitis 5) plantar fasciitis.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment section.

Decision rationale: It is noted in the clinical documentation that the injured worker is not diagnosed with depression, has no medical history of depression, and no symptoms of depression. Previous clinical reports state that the injured worker was taking Prozac to help with pain and sleep. Antidepressant for chronic pain are recommended by the MTUS guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Prozac are effective at addressing psychological symptoms associated with chronic pain. Continued treatment with Prozac may be necessary, however, there is no current assessment of the continued need of Prozac or a description of the effects experienced in managing the injured worker's pain. Per the ODG sedating antidepressants such as Prozac have been used to treat insomnia, however there is less evidence to support their use for insomnia. Prozac may be an option for patients with coexisting depression. The benefits for sleep and depression in this particular injured worker are not addressed, and the current exam does not report that the injured worker has depression or insomnia. Therefore, the request for Prozac 20 mg #30 with 4 refills is not medically necessary.

Nabumetone 750mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone, NSAIDs, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has been taking NSAIDs chronically and specifically has been taking Nabumetone since 8/21/2013. Therefore, the request for Nabumetone 750 mg #60 with 5 refills is not medically necessary.

Soma 350mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications Page(s): 29, 124.

Decision rationale: The injured worker has been taking Soma chronically, and a prior review had recommended that Soma be tapered and discontinued. The clinical reports do not indicate that the injured worker had initiated a taper of Soma. The MTUS Guidelines do not recommend

the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. This request is not for a tapering dose, but for continuing treatment. Therefore, the request for Soma 350mg #60 with 4 refills is not medically necessary.