

<b>Case Number:</b>	CM14-0041413		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/06/2008
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 54 year old male who reported injuries on 03/06/08. The injured worker underwent L4-5 laminectomy with total lumbar interbody fusion and posterior instrumented fusion on 05/19/09. He continued to complain of low back pain and underwent spinal cord stimulator trial in 05/13 with excellent coverage with a spinal cord stimulator trial but was denied permanent implantation. Eventually the injured worker underwent lumbar hardware injections times four with fluoroscopic guidance on 02/21/14 with 60% improvement for up to two weeks. The injured worker had a psychological evaluation and received sixteen psychotherapy visits, and is currently being treated for severe depression. There is no documentation of functional improvement, or decrease in pain. There are no urine drug tests documented. Physical examination demonstrated negative Romberg, normal heel toe gait, sensation intact. There were no localizing neurological deficits. Diagnosis is acquired spondylolisthesis, Lumbago, Post-surgical arthrodesis and Degeneration of lumbosacral vertebral discs. Sprain lumbar spine. Prior utilization review on 03/07/14 modified the Norco from #120 to #30 and non-certified the Fluoxetine HCL 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioids.

**Decision rationale:** The request for Norco 10/325 #120 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Norco. There is no documentation of functional improvement, or decrease in pain. There are no urine drug tests documented. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**One prescription of Fluoxetine HCL 20mg #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, antidepressants.

**Decision rationale:** The request for Fluoxetine HCL 20mg #60 is medically necessary. The clinical documentation submitted for review does support the request. The injured worker had a psychological evaluation and received sixteen psychotherapy visits, and is currently being treated for severe depression, which is secondary to chronic pain. As such medical necessity has been established.