MAXIMUS Federal Services

Case Number:	CM14-0043880		
Date Assigned:	07/02/2014	Date of Injury:	06/08/2005
Decision Date:	08/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 injured worker is a 68-year-old female who reported an injury on 06/08/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 03/04/2014 indicated diagnoses of lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, and lumbar radiculitis. The injured worker reported she was doing well on the current medication regimen. The medications were helping her mitigate the pain, and there were no side effects associated with the medications. The injured worker reported the medications helped her function better and stay more active, and there was about a 30% to 50% improvement in pain with the medications. The injured worker reported she was able to move more easily with the pain and do more work around the house. The injured worker reported there was a definite increase in activity level with the medication. The injured worker reported taking Lexapro, but wanted to try Prozac and see if that would help her sleep better. On physical examination, the injured worker had a lumbar facet loading test that positive on the right side; tenderness in the lumbosacral area with good range of motion. The injured worker had a positive straight leg raise on the right with tenderness noted in the right sacroiliac joint that was severe and caused radiation in the right lateral hip and leg. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Prozac, Norco, and Ambien. A Request for Authorization dated 03/06/2014 was submitted for Norco and Prozac; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Prozac 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), Prozac Page(s): 107.

Decision rationale: The request for Prospective request for 1 prescription of Prozac 10 mg #60 is non-certified. California MTUS guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The injured worker is being treated for chronic pain. However, Prozac is not indicated for chronic pain. In addition, the injured worker is being prescribed Ambien, which is prescribed for insomnia. Prozac is an SSRI or selective serotonin reuptake inhibitor that plays a role in treating secondary depression that is not used for chronic pain. Moreover, there was a lack of documentation of efficacy and functional use with the use of the Prozac. Furthermore, the request did not indicate a frequency. Therefore, the request for Prozac is non-certified.

Prospective request for 1 prescription of Norco 7.5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91; 78.

Decision rationale: The request for 1 prescription of Norco 7.5/325 mg #90 is non-certified. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use and behaviors. Furthermore, the injured worker has been utilizing Norco chronically. In addition, the request for Norco does not indicate a frequency for this medication. Moreover, it was not indicated if the injured worker had a pain contract. Therefore, the request for Norco is non-certified.