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| Case Number: | CM14-0055656 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 02/25/2008 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/11/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 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 47 year old female who sustained an injury on 02/25/08 while getting off an elevator. The injured worker jarred her lower back. Prior treatment has included individual psychotherapy as well as prior physical therapy. The injured worker is noted to have had a prior total disc arthroplasty completed at L5-S1 in October of 2011. The injured worker was noted to be pending a functional restoration program. As of 03/06/14, the injured worker continued to have complaints of low back pain with associated numbness in the left lower extremity and spasms. Medications at this evaluation did include Flector topical patches, Fluoxetine, Thermacare bandages, and Valium 5mg. The injured worker's physical examination did note an antalgic gait favoring the left lower extremity with tenderness to palpation in the lumbar musculature. Multiple trigger points and spasms were identified. There was guarded movement and frequent position changes. Medications were continued at this evaluation and the injured worker was referred to a functional restoration program. The requested Fluoxetine 10mg, quantity 30 and Valium 5mg, quantity 60 were both denied by utilization review on 04/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 10mg #30 (1 cap PO QD, increase to 2 caps PO QD as tolerated): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs(selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: Fluoxetine is an SSRI antidepressant which can be utilized in the treatment of depression. Although not specifically indicated for chronic pain, it is very common for injured workers with chronic pain to develop concurrent depression and anxiety issues. It is noted in the clinical reports that the injured worker has had prior individual psychotherapy and was currently pending a functional restoration program. Given these findings, continuation of Fluoxetine for the injured worker's condition is medically appropriate and necessary. The ongoing use of this medication is medically appropriate.

Valium 5mg #60 1 Tab PO BID: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Although Benzodiazepines are not recommended for long term use due to risk factors regarding dependency and abuse, the injured worker was pending a functional restoration program. Given this type of tertiary level of pain management, this reviewer would not recommend altering any of the injured worker's prescribed medications until she is able to enter the program where this medication can be addressed in combination with individual psychotherapy as well as functional rehabilitation. Therefore, this reviewer recommends this medication as medically appropriate.