

<b>Case Number:</b>	CM14-0082032		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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, has a subspecialty in Interventional Spine 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 48 year-old female with date of injury of 12/29/2011. The listed diagnosis per [REDACTED] dated 05/13/2014 is lower leg pain. According to this report, the patient is fairly doing well and her pain level today is 5/10. Her medication is working well, and she reports no side effects from it. The physical examination shows the patient has a very slow and right antalgic gait. She is ambulating without the use of a cane. The medial aspect of the right knee is more painful to pressure and touch. The knee is stable to valgus and varus stress. No crepitus was noted. Strength is 5/5 throughout the lower extremities. Sensory exam is intact to light touch, vibration, temperature, and position in the upper and lower extremities. The utilization review denied the request on 05/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20 mg quantity #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with lower leg pain. The physician is requesting Prozac 20 mg quantity #60. The MTUS guidelines on antidepressants recommend this as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, fairly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function changes and use of other analgesic medications, sleep quality and duration, and psychological assessment. The records show that the patient was prescribed Prozac on 02/03/2014. The physician documents medication efficacy stating, "The patient is feeling much better on Prozac. She states her pain level is 5/10 today. The patient is doing well with the current regimen. The medication is helping to mitigate the pain and there are no side effects from it. The medication helps the patient to function better. Things are stable with the medication". In this case, the patient does report functional improvement while utilizing Prozac and the continued use of this medication is warranted. Therefore, this request is considered medically necessary.

**Refill Prozac 20 mg quantity #20: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with lower leg pain. The physician is requesting Prozac 20 mg quantity #60. The MTUS guidelines on antidepressants recommend this as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, fairly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function changes and use of other analgesic medications, sleep quality and duration, and psychological assessment. The records show that the patient was prescribed Prozac on 02/03/2014. The physician documents medication efficacy stating, "The patient is feeling much better on Prozac. She states her pain level is 5/10 today. The patient is doing well with the current regimen. The medication is helping to mitigate the pain and there are no side effects from it. The medication helps the patient to function better. Things are stable with the medication". In this case, the patient does report functional improvement while utilizing Prozac and the continued use of this medication is warranted. Therefore, this request is considered medically necessary.

**Refill Prozac 20 mg quantity #20: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with lower leg pain. The physician is requesting Prozac 20 mg quantity #60. The MTUS guidelines on antidepressants recommend this as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, fairly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function changes and use of other analgesic medications, sleep quality and duration, and psychological assessment. The records show that the patient was prescribed Prozac on 02/03/2014. The physician documents medication efficacy stating, "The patient is feeling much better on Prozac. She states her pain level is 5/10 today. The patient is doing well with the current regimen. The medication is helping to mitigate the pain and there are no side effects from it. The medication helps the patient to function better. Things are stable with the medication". In this case, the patient does report functional improvement while utilizing Prozac and the continued use of this medication is warranted. Therefore, this request is considered medically necessary.

**Refill Prozac 20 mg quantity #20: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with lower leg pain. The physician is requesting Prozac 20 mg quantity #60. The MTUS guidelines on antidepressants recommend this as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, fairly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function changes and use of other analgesic medications, sleep quality and duration, and psychological assessment. The records show that the patient was prescribed Prozac on 02/03/2014. The physician documents medication efficacy stating, "The patient is feeling much better on Prozac. She states her pain level is 5/10 today. The patient is doing well with the current regimen. The medication is helping to mitigate the pain and there are no side effects from it. The medication helps the patient to function better. Things are stable with the medication". In this case, the patient does report functional improvement while utilizing Prozac and the continued use of this medication is warranted. Therefore, this request is considered medically necessary.

**Refill Prozac 20 mg quantity #20: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with lower leg pain. The physician is requesting Prozac 20 mg quantity #60. The MTUS guidelines antidepressants recommend this as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, fairly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function changes and use of other analgesic medications, sleep quality and duration, and psychological assessment. The records show that the patient was prescribed Prozac on 02/03/2014. The physician documents medication efficacy stating, "The patient is feeling much better on Prozac. She states her pain level is 5/10 today. The patient is doing well with the current regimen. The medication is helping to mitigate the pain and there are no side effects from it. The medication helps the patient to function better. Things are stable with the medication". In this case, the patient does report functional improvement while utilizing Prozac and the continued use of this medication is warranted. Therefore, this request is considered medically necessary.

**Refill Prozac 20 mg quantity #20: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with lower leg pain. The physician is requesting Prozac 20 mg quantity #60. The MTUS guidelines on antidepressants recommend this as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, fairly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function changes and use of other analgesic medications, sleep quality and duration, and psychological assessment. The records show that the patient was prescribed Prozac on 02/03/2014. The physician documents medication efficacy stating, "The patient is feeling much better on Prozac. She states her pain level is 5/10 today. The patient is doing well with the current regimen. The medication is helping to mitigate the pain and there are no side effects from it. The medication helps the patient to function better. Things are stable with the medication". In this case, the patient does report functional improvement while utilizing Prozac and the continued use of this medication is warranted. Therefore, this request is considered medically necessary.

**Norco 10-325 mg quantity #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 77-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** This patient presents with lower leg pain. The physician is requesting Norco 10/325 mg quantity #120. For chronic opiate use, the MTUS guidelines require specific documentations regarding pain and function. The MTUS requires a "pain assessment" that requires current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain release, how long the pain relief lasts. Furthermore, "the 4 As for ongoing monitoring" are required which includes; Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. Records show that the patient has been taking Norco since October 2013. The physician documents medication efficacy stating, "Her medication is working well and she is having no side effects from it". The urine drug screen dated 04/09/2014 shows inconsistent results to prescribed medications. The physician does not provide before and after analgesia, no specifics regarding ADLs to understand significant improvement, and no mention of quality of life changes. Furthermore, the recent urine drug screen shows illicit use and inconsistent results which was not addressed. Therefore, this request is not medically necessary.