

<b>Case Number:</b>	CM14-0106155		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 23, 2006. In a Utilization Review report dated June 12, 2014, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes, while denying a request for fluoxetine (Prozac) outright. The claims administrator referenced a June 4, 2014 RFA form and associated progress note of June 30, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note, difficult to follow, not entirely legible, appears to be have been dated June 30, 2014, the applicant reported ongoing complaints of chronic low back pain with derivative complaints of depression, anxiety, insomnia, and erectile dysfunction. The applicant was apparently asked to try Ambien for insomnia. Norco, Prozac, and Lidoderm patches were renewed while the applicant was placed off of work, on total temporary disability. The note was very difficult to follow. Little-to-no discussion of medication efficacy transpired. In progress notes of February 14, 2014 and March 20, 2014, the applicant was again placed off of work, on total temporary disability. Once again, little-to-no discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ APAP 10/325mg, #90 x 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as noted on multiple progress notes of 2014, referenced above. The attending provider's handwritten progress notes did fail to outline meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

**Fluoxetine 90mg, #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress.

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

**Decision rationale:** Similarly, the request for fluoxetine (Prozac), a SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes 'weeks' for antidepressants such as Prozac to exert their maximal effect, here, however, the applicant had been using Prozac for what appeared to have been a minimum of several months, without seeming benefit. The attending provider's handwritten progress notes failed to outline meaningful or material improvements in function or mood effect as a result of ongoing fluoxetine (Prozac) usage. The fact that the applicant remained off of work, on total temporary disability, despite ongoing fluoxetine usage suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.