

<b>Case Number:</b>	CM14-0190489		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	09/27/2008
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal 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 patient is an injured worker who is status post lumbar fusion spine surgery. Date of injury was 09-24-2008. The pain management consultation dated May 16, 2014 documented subjective complaints of lower back radiating down to both lower extremities. The patient does has a diagnosis of lumbar post laminectomy syndrome, with residual radiculopathy. The patient had revision of lumbar interbody fusion at L4-5 and L5-S1 on July 14, 2013. The medication regimen included Norco 10/325 mg, Anaprox, Prilosec, and Neurontin. He remains on Prozac 20 mg for his depression. Objective findings were documented. The patient is well-developed and well nourished. The patient appears to be in mild to moderate distress, pleasant and non-exaggerative. He moves slowly in and out of the office and has an antalgic gait favoring the right lower extremity. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The patient has decreased range of motion with obvious muscle guarding. Lumbar spine CT computed tomography performed on May 23, 2013 reveals at L4-S1 fusion with no evidence of loosening of the pedicle screws. There is moderate foraminal narrowing at L5-S1 with a mild anterior subluxation. EMG electromyography study of the lower extremities performed on April 18, 2012 reveals bilateral L4-5 radiculopathy. The medication regimen included Norco 10/325 mg, Prozac, Doral, Fexmid, and Neurontin. Diagnoses were grade I spondylolisthesis at L5-S1 with radiculopathy to the lower extremities, status post PLIF posterior lumbar interbody fusion at L4-5 and L5-S1 December 2010, status post removal of hardware with repair of pseudoarthrosis L4-5 November 2012, and lumbar fusion revision for pseudoarthrosis and fractured S1 pedicle screw July 2013. He does have electrodiagnostic findings consistent with bilateral L4-L5 radiculopathy. The patient continues to complain of debilitating back pain and radicular symptoms, pain in his feet

to radiate up his legs, neuropathic in nature. The patient was dispensed in the office Norco 10/325 mg, Prilosec, Fexmid, Doral, Neurontin, and Anaprox. The patient has additional Prozac 20 mg from his last visit. The progress report dated 9/19/14 documented the use of Prozac for depression. The patient reported benefit from spinal cord stimulation. Objective findings included lumbar tenderness. Diagnoses were grade I spondylolisthesis at L5-S1 with radiculopathy to the lower extremities, status post PLIF posterior lumbar interbody fusion at L4-5 and L5-S1 December 2010, status post removal of hardware with repair of pseudoarthrosis L4-5 November 2012, and lumbar fusion revision for pseudoarthrosis and fractured S1 pedicle screw July 2013. Treatment plan included request for Doral and Prozac 20 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prozac 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information, Prozac (Fluoxetine) <http://www.drugs.com/pro/prozac-capsules.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information states that Prozac (Fluoxetine) is indicated for the treatment of major depressive disorder. Medical records document chronic pain, neuropathic pain, and depression. The patient was on Prozac 20 mg for depression. The use of Prozac is supported by MTUS and FDA guidelines. Therefore, the request for Prozac 20mg #60 is medically necessary.

**Doral 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines, Doral (Quazepam) <http://www.drugs.com/pro/doral-tablets.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Medical records document the long-term use of the

benzodiazepine Doral (Quazepam). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore, the use of Doral (Quazepam) is not supported. Therefore, the request for Doral 15mg #30 is not medically necessary.