

<b>Case Number:</b>	CM14-0196138		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/29/2004
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Physical 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 a 68-year-old male who has submitted a claim for cervical radiculitis, cervical disc disease, and major depression associated with an industrial injury date of November 29, 2004. Medical records from 2012 to 2014 were reviewed. The patient complained of moderate constant cervical pain limiting his activities. Physical examination showed paracervical tenderness, limited cervical motion, decrease in grip strength at the left, normal reflexes, and diminished sensation at the left C6, C7, and C8 dermatomes. The urine drug screen from June 20, 2014 showed inconsistent result with prescription medications. Treatment to date has included ACDF on March 14, 2005, decompressive cervical laminectomy with bilateral foraminotomy on July 20, 2009, physical therapy, and medications such as Neurontin, Norco (since 2012) and fluoxetine (since at least August 2014). Utilization review from October 27, 2014 denied request for fluoxetine 20 mg, #30 because of no clear rationale for its prescription; and modified request for Norco 10/325 mg, #120 into Tylenol No. 4 with codeine #90 for the purpose of weaning because of no rationale for sudden shift to Norco regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoxetine 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, the patient has been on fluoxetine since at least August 2014 for major depression. However, there is no documentation concerning functional improvement derived from its use. Therefore, the request for fluoxetine 20mg, #30 is not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been prescribed Norco since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The urine drug screen from June 20, 2014 likewise showed inconsistent result with prescription medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #120 is not medically necessary.