

Case Number:	CM14-0198402		
Date Assigned:	12/08/2014	Date of Injury:	01/16/2013
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, anxiety, depression, and diabetes reportedly associated with an industrial injury of January 16, 2013. In a Utilization Review Report dated November 12, 2014, the claims administrator partially approved requests for Pristiq and Prozac while apparently denying Zorvolex. The applicant's attorney subsequently appealed. In an October 22, 2014 progress note, the applicant reported ongoing complaints of low back pain, opioid-induced constipation, right lower extremity neuropathic pain, and pain-induced depression. The applicant was diabetic, it was noted. The attending provider stated that Prozac had diminished the applicant's depressive symptoms and that Pristiq had diminished the applicant's neuropathic pain symptoms. The applicant's medication list included Pristiq, Prozac, Zorvolex, and Lyrica, it was stated in one section of the note, while another section of the note stated that the applicant was using Lyrica, Celebrex, Colace, Voltaren gel, and Pristiq. The applicant had received a TENS unit and cognitive behavioral therapy, it was stated, along with extensive physical therapy. The attending provider stated that the applicant remained unable to return to work. The attending provider stated that the applicant was trying to perform exercises thrice weekly. The nature of the exercise the applicant was performing was not elaborated upon. The attending provider stated that the applicant's activities of living continued to be limited by low back pain and neuropathic pain. The applicant was using metformin, Januvia, and glyburide for diabetes. On October 8, 2014, the applicant again presented with low back pain, lower extremity neuropathic pain, opioid-induced constipation, diabetes, and depression. Pristiq was diminishing the applicant's depressive symptoms. The applicant's activities of daily living were still constrained by low back pain, it was acknowledged. The attending provider stated that Zorvolex had diminished the applicant's pain complaints. It was again stated that the applicant remained unable to return to

work, although it was stated that the applicant's walking tolerance was improved as a result of ongoing medication consumption. At the bottom of the report, it was stated that the applicant was using Lyrica, Celebrex, Colace, and Voltaren gel. On September 24, 2014, the attending provider stated that the applicant's usage of Prozac had diminished her depressive symptom by 50% and improved the applicant's ability to sleep. Celebrex was reportedly discontinued in favor of Zorvolex on this date. The applicant was reportedly using Pristiq, Prozac, Zorvolex, Lyrica, and Celebrex. It was stated that Pristiq was being employed for neuropathic pain. The applicant's diabetes was reportedly better controlled than in the past, it was stated. The attending provider again noted that the applicant was having difficulty walking and was squirming in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 10mg 1 Cap Qd #15: Overturned

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

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Prozac (fluoxetine) "may be helpful" to alleviate symptoms of depression as are/were present here. In this case, unlike the applicant's other medications, the attending provider has seemingly established, albeit in a somewhat difficult-to-follow and templated manner, that ongoing usage of Prozac (fluoxetine) has attenuated the applicant's depressive symptoms and ameliorated the applicant's ability to sleep. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Zorvolex 35mg 1 Tab Tid Prn Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Antiinflammatory Medication Page(s):.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Zorvolex (diclofenac) are indicated in the treatment of various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" and variables such as "cost" into his choice of recommendations. Here, however,

the attending provider has not stated why Zorvolex (diclofenac) was prescribed along with Celebrex and Voltaren gel. It was not clearly established whether the attending provider intended the applicant to employ Zorvolex (diclofenac) in conjunction with Celebrex and Voltaren gel or whether the attending provider intended for the applicant to use Zorvolex (diclofenac) to replace previously-used Voltaren gel and oral Celebrex. It is further noted that the attending provider has not furnished any compelling applicant-specific rationale or medical evidence which would support provision of brand-name Zorvolex in favor of generic diclofenac or other generic NSAIDs. The request, thus, as written, is at odds with page 7 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

PRISTIQ 50MG 2 TABS QHS #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Pristiq Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Pristiq, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Pristiq is indicated in the treatment of major depressive disorder. The attending provider, however, has reported on several occasions, referenced above, that Pristiq is being employed for neuropathic pain here. Such usage of Pristiq does not, thus, conform to the FDA label. It is unclear why Pristiq is being employed for neuropathic pain despite the seemingly unfavorable FDA position on the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support provision of Pristiq in the face of the seemingly unfavorable FDA position on the same for the neuropathic pain reportedly present here. Therefore, the request was not medically necessary.