MAXIMUS Federal Services

Case Number:	CM14-0198914		
Date Assigned:	12/09/2014	Date of Injury:	11/17/2003
Decision Date:	02/11/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 and major depressive disorder (MDD) reportedly associated with an industrial injury of November 17, 2003. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve request for Kadian and fluoxetine (Prozac). The claims administrator referenced progress notes of October 14, 2014 and September 7, 2014, in its determination. The applicant's attorney subsequently appealed. On September 17, 2014, the applicant reported persistent complaints of upper back pain, lower back pain, and bilateral lower extremity pain, exacerbated by sitting, standing, walking, bending, and lifting. 9/10 pain without medications versus 6 to 7/10 with medications were noted. The applicant presented to obtain refills of Kadian, omeprazole, and Prozac. The applicant was also using Naprosyn, Neurontin, tizanidine, and Colace. The attending provider posited that the applicant's medications were beneficial, but did not elaborate further. The applicant was ultimately given refills of Kadian, Prilosec, and Prozac. It was stated that Prozac was being given for depressive purposes. The applicant was not working. The applicant stated that earlier epidural steroid injection therapy has proven ineffectual. The applicant was described as appearing pleasant on exam. The applicant was not working, it was stated in the social history section of the note. The applicant stated that the standing, walking, bending, and lifting were all problematic. On October 14, 2014, the applicant again reported 9/10 pain without medications versus 6 to 7/10 with medications. The applicant again stated that sitting, standing, walking, and bending, and lifting were particularly problematic. The applicant was not working, it was acknowledged. The applicant was described as having longstanding issues with depression on review of systems. The applicant did appear pleasant on examination, however. Multiple medications were refilled, including Kadian and fluoxetine (Prozac) at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg: Upheld

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

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

Decision rationale: 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/is off of work. The applicant has failed to return to work despite ongoing Morphine usage. While the attending provider did report some reduction in pain scores from 9/10 without medications to 6-7/10 with medications, this appears to be a marginal-to-negligible benefit, one which is outweighed by the applicant's failure to return to work and also outweighed by the applicant's continued reports of difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and lifting. Therefore, the request was not medically necessary.

Fluoxetine 20mg: 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 MTUS Guideline in ACOEM Chapter 15, page 402, antidepressant such as fluoxetine (Prozac) may be helpful to alleviate symptoms of depression as were present here on or around the date in question. On several progress notes, referenced above, in September and October 2014, the attending provider seemingly suggested that the applicant's depressive symptoms were somewhat attenuated following introduction of Prozac. The applicant was described as exhibiting a pleasant mood and effect in the clinic setting. It appears, thus, that the applicant has derived some benefit from ongoing usage of fluoxetine (Prozac), in terms of mood augmentation. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.