

Case Number:	CM14-0202092		
Date Assigned:	12/12/2014	Date of Injury:	07/06/2009
Decision Date:	02/03/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/03/2014

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 reportedly associated with an industrial injury of July 6, 2009. In a December 24, 2014 Utilization Review Report, the claims administrator approved a pain psychiatry consultation, partially approved OxyContin, partially approved Prozac, and conditionally denied a podiatry consultation. The claims administrator referenced progress notes of December 9, 2014 and November 11, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 9, 2014 progress note, the applicant reported 6-8/10 pain, it was stated in one section of the note. In another section of the note, it was stated that the applicant reported 9-10/10 pain, constant, aggravated by activities such as sitting, standing, walking, and lying down. The applicant was still smoking every day, it was acknowledged. The applicant was severely obese, with a BMI of 44. The applicant was on OxyContin, Opana, Norco, Prozac, Motrin, Percocet, and Soma, it was acknowledged. Multiple medications were renewed, including OxyContin, Norco, and Prozac. Stated diagnoses included chronic low back pain, chronic mid back pain, obesity, degenerative disk disease, lumbar radiculopathy, and lumbar stenosis. The applicant was placed off of work, on total temporary disability. The applicant did exhibit a fluent speech on neurologic exam. The applicant did have issues with depression, anxiety, and paranoia, it was stated in the psychological review of systems section of the note. It was not clearly stated whether the request for Prozac was a first-time request or a renewal request. On November 11, 2014, the applicant again reported persistent complaints of low back pain radiating to the left leg, 7-10/10, aggravated by sitting, lying down, standing, and walking. The applicant was still smoking every day, it was acknowledged. On this occasion, it was stated that the applicant denied issues with depression, anxiety, memory loss, or mood disturbance in the review of systems section of the note. The applicant's medication list included Opana, Norco, Prozac,

Motrin, Percocet, and Soma. The applicant was placed off of work, on total temporary disability, while multiple medications, including Opana, Norco, Motrin, and Prozac were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Opana 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; When to Continue Opioids Page(s): 78; 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not outline a clear or compelling rationale for provision of two separate long-acting opioids, OxyContin and Opana. Furthermore, page 80 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the 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 continues to report pain complaints as high as 7-10/10, despite ongoing opioid therapy. The applicant is off of work, on total temporary disability. The applicant is still having difficulty performing activities of daily living as basic as standing, walking, lying down, etc., despite ongoing opioid therapy. All of the foregoing, taken together, does not make a compelling case for continuation of Opana. Therefore, the request was not medically necessary.

1 prescription of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. Multiple office visits, referenced above, suggested that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, lying down, bending, etc., despite ongoing opioid therapy. Continued complaints of pain in the 7-10/10 range were consistently reported on office visits of November and December 2014, referenced above. All of the foregoing, taken together, suggested that the applicant has not, in fact, profited from prior Norco usage. Therefore, the request was not medically necessary.

1 prescription of Prozac 40mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Fluoxetine (Prozac)

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Prozac often take "weeks to exert their maximal effect," in this case, however, the applicant appears to have been using Prozac for a minimum of several months. The applicant was still described as experiencing symptoms of depression, anxiety, and paranoia on a December 12, 2014 office visit, referenced above. The applicant remained off of work, on total temporary disability, despite ongoing Prozac usage. The attending provider has not outlined any augmentations in mood and/or improvements in function achieved as a result of ongoing Prozac usage. Therefore, the request was not medically necessary.