

Case Number:	CM14-0204932		
Date Assigned:	12/17/2014	Date of Injury:	11/29/2012
Decision Date:	03/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female who sustained a work related injury to her back and left lower extremity while employed as a security officer when she was threatened and struck by a vehicle on November 29, 2012. X-rays were negative for fractures. According to the physician report dated September 11, 2014, the injured worker underwent a fasciotomy of the left lower extremity for compartment syndrome (no date documented). The patient continues to experience radiating back pain to the left lower extremity with diminished sensation and marked motor weakness. The patient ambulates with a drop-foot gait on the left side. Physical therapy has not been beneficial. Current medications consist of Norco, Elavil, Prozac and Seroquel. The injured worker is diagnosed with lumbosacral sprain with radicular symptoms, neurological deficit left lower extremity with foot drop, posttraumatic stress disorder and sleep disorder. The injured worker is temporary total disability (TTD). The physician requested authorization for Elavil 25mg #30, refills 2, Norco 7.5/325mg #180, 0 refills, Prozac 40mg #60, refills 2, Seroquel 50mg #30 refills 2. On December 6, 2014 the Utilization Review modified the request to Elavil 25mg #30, refills 0, Norco 7.5/325mg #180 0 refills for weaning purposes, Prozac 40mg #60, refills 0, Seroquel 50mg #30 refills 0. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines: Criteria for Opioid Usage, Tricyclic Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRI's), and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30: Upheld

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): 13-15.

Decision rationale: This patient presents with radiating low back pain into the left lower extremity. The patient also suffers from anxiety and concentration problems. The current request is for med Elavil 25 mg #30. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. This patient suffers from posttraumatic stress disorder, anxiety, and neuropathic pain. This patient meets the indication for this medication. However, recommendation for further use cannot be supported as the treating physician has provided no discussion regarding this medication's efficacy. MTUS guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation cannot be supported. The requested Elavil IS NOT medically necessary.

Prozac 40mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: This patient presents with radiating low back pain into the left lower extremity. The patient also suffers from anxiety and concentration problems. The current request is for Prozac 40 mg #60, ref: 2. For Anti-depressants, the MTUS page 13-15 states, "Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." Review of the medical file indicates the patient has been utilizing this medication as early as 01/11/2014. According to progress report dated 06/18/2014, the patient suffers from psychological issues including posttraumatic stress disorder and anxiety. It was noted that the patient received psychological treatments with [REDACTED] who prescribed Prozac, which has been helpful. In this case, given the patient's

psychological issues and documentation of this medication's efficacy, the requested Prozac IS medically necessary.

Seroquel 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental/Stress, Quetiapine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation mental illness chapter, atypical antipsychotics

Decision rationale: This patient presents with radiating low back pain into the left lower extremity and also suffers from posttraumatic syndrome and anxiety. The current request is for Seroquel 50 mg #30. Regarding atypical antipsychotics, ODG mental illness chapter states there is insufficient evidence to recommend (olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole) for the treatment of PTSD. ODG does not recommend them as a first-line treatment. "Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems." Review of the medical file indicates the patient has been utilizing this medication as early as 06/18/2014. ODG guidelines does not recommend atypical antipsychotics as first-line treatment, and states that adding an atypical antipsychotic to an antidepressant provides "limited improvement in depressive symptoms in adults." In addition, the treating physician does not discuss this medication's efficacy and why it's being prescribed. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.