MAXIMUS Federal Services

Case Number:	CM14-0021545		
Date Assigned:	05/07/2014	Date of Injury:	09/10/2010
Decision Date:	04/14/2015	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 injured worker is a 49 year old female, who sustained an industrial injury reported on 9/10/2010. She reported a history of radiating neck and lower back pain. The diagnoses were noted to include degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis; unspecified sciatica, lumbago; lumbosacral spondylosis without myelopathy; degeneration of cervical intervertebral disc; brachial neuritis or radiculitis; and cervicalgia. Treatments to date have included consultations; diagnostic imaging studies; physical therapy and home exercise program; acupuncture and chiropractic treatments; panel qualified medical evaluation with psychiatric re-evaluation (9/2/2013); NeuroTrax brain function evaluation and report of 5/24/11, 6/8/12 & 8/6/13; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled as of the 12/15/2013 progress notes and residual permanently partially disabled per the psychiatric re-evaluation report or 9/2/2013.On 2/5/2015, Utilization Review (UR) partially-certified, for medical necessity, the request, made on 1/3049/2014, for: Prozac 40mg, 1 tab once daily, #30 - was non-certified; Clonazepam 0.5mg, ½ tab by mouth once daily; #30 was non-certified; Prozac 40mg, 1 tab by mouth once daily, #15 was certified for the purpose of weaning; Clonazepam 0.5mg, ½ tab by mouth once daily, #30 was certified for the purpose of weaning; and Relafen 500mg, 1 tab by mouth twice a day, #60 was non-certified. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, non-steroidal anti-inflammatory drugs, benzodiazepines, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 40mg one tablet by mouth once daily; #30: Upheld

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 medications Page(s): 13-15.

Decision rationale: According to the 11/24/2013 most recent SOAP note, this patient presents with neck and lower back pain radiating into right arm and bilateral legs. The current request is for Prozac 40mg one tablet by mouth once daily; #30 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 11/25/13 and the utilization review letter in question is from 02/05/2014. The patient's work status is "temporarily totally disabled." The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The medical reports provided for review indicate the patient has been taking Prozac for neuropathic pain since 10/25/2013 and it is unknown exactly when the patient initially started taking this medication. However, there is no discussion addressing psychological symptoms that is associated with chronic pain .The treating physician does not document the efficacy of the medication as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.

Clonazepam 0.5mg 1/2 tablet by mouth once daily; #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 11/24/2013 most recent SOAP note, this patient presents with neck and lower back pain radiating into right arm and bilateral legs. The current request is for Clonazepam 0.5mg 1/2 tablet by mouth once daily; #30 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 11/25/13 and the utilization review letter in question is from 02/05/2014. Regarding Benzodiazepines, the MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of the provided reports show the patient has been prescribed Clonazepam since 10/25/2013 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The

treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.

Relafen 500mg one tablet twice a day by mouth #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugsAnti-inflammatory medications. Medications for chronic pain Page(s): 60, 22, 67-68.

Decision rationale: According to the 11/24/2013 most recent SOAP note, this patient presents with neck and lower back pain radiating into right arm and bilateral legs. The current request is for Relafen 500mg one tablet twice a day by mouth #60. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted."In reviewing the provided reports, there is no mention of Relafen usage; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. The request IS NOT medically necessary.