

Case Number:	CM15-0002348		
Date Assigned:	01/13/2015	Date of Injury:	07/30/2007
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 30, 2007. In a Utilization Review Report dated December 23, 2014, the claims administrator failed to approve request for fluoxetine (Prozac), an antidepressant and Theramine, a dietary supplement. The claims administrator suggested that these medications were already dispensed on July 2, 2014 and on August 5, 2014. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated October 30, 2014, the applicant reported a variety of complaints, including reflux, neck pain, chest pain, depression, anxiety, and tinnitus. Back pain, leg pain, depression, and tearfulness were noted. The applicant was using Theramine, Ambien, and Prozac, it was stated. The applicant stated that Ambien was the only one of the medications which he felt was beneficial. The applicant was receiving Workers' Compensation indemnity benefits, it was acknowledged. The applicant was apparently using a cane to move about, it was further noted. In an RFA form dated August 5, 2014, both Theramine and fluoxetine were prescribed and/or dispensed. The applicant received an epidural steroid injection on August 6, 2008. The applicant was described as having undergone earlier lumbar laminectomy surgery. In a progress note dated August 27, 2014, the applicant was described as off of work, on total temporary disability. The applicant was asked to continue Elavil, Prilosec, Norco, and Flexeril. Persistent complaints of low back pain were noted. Fluoxetine and Theramine were refilled via an RFA form dated November 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Retro Fluoxetine 10mg #30: Upheld

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

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 it often takes weeks for antidepressants such as fluoxetine (Prozac) to exert their maximal effect, in this case, however, the applicant had been using fluoxetine or Prozac for a minimum of several years, it was acknowledged on a Medical-legal Evaluation of October 30, 2014. The medical-legal evaluator reported on that date that the applicant continued to have issues with depression, anxiety, panic attacks, decreased libido, poor sleep, social isolation, etc. The applicant, by his own self-report stated that neither Theramine nor fluoxetine had proven beneficial. Therefore, the request was not medically necessary.

Fluoxetine 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, 9792.20f.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as fluoxetine (Prozac) to exert their maximal effect, in this case, however, the applicant has been using fluoxetine (Prozac) for a minimum of several years. Per the applicant's own self-report on a Medical-legal Evaluation dated October 30, 2014, ongoing usage of fluoxetine (Prozac) has proven ineffectual. The applicant is off of work. The applicant continues to report issues with depression, anxiety, panic attacks, difficulty sleeping, social isolation, etc. The applicant, by his own self-report on October 30, 2014, stated that ongoing usage of fluoxetine had proven ineffectual. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of fluoxetine (Prozac). Therefore, the request was not medically necessary.

Theramine #90 DOS 07/02/14 and 08/05/14: 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), Pain Chapter, Theramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section: Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements and/or alternative treatments such as Theramine are not recommended in the chronic pain context present here as they have not been demonstrated to have any meaningful benefits in the treatment of the same. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The applicant, per his own self-report on October 30, 2014, also stated that ongoing usage of Theramine had proven ineffectual. Therefore, the request was not medically necessary.