

Case Number:	CM15-0006207		
Date Assigned:	01/20/2015	Date of Injury:	10/05/2004
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Hawaii

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 45 year old male who sustained an industrial injury on 10/04/2004. He complains of increasing sharp pain and throbbing in the right ankle. Diagnoses include chronic bilateral ankle pain, left carpal tunnel syndrome, traumatic arthritis, open reduction and internal fixation on 05/22/2006, and hardware removal 02/06/2007. The physician progress note dated 06/24/2014 documents the injured worker has had any change in his symptoms. Norco continues to bring his pain level down from an 8/10 to 5/10 on a 1 to 10 scale. He has stopped the Lexapro because he did not like the way it made him feel. He walks for exercise. He has had no adverse side effects from the medications. A physician progress report as documented in the Utilization Review, dated 12/09/14, noted the injured worker is seen for ongoing right foot and ankle pain as well as depression and anxiety. He also has left shoulder, left wrist and left ankle pain. Treatment has included injections, brace, Transcutaneous Electrical Nerve Stimulation Unit, surgery, and therapy. The treating provider is requesting Prozac 10-mg, # 30 and Norco 10/325 mg, # 150. On 12/24/2014 Utilization Review non certified the request for Prozac 10mg, # 30 citing Official Disability Guidelines-Treatment for Workers" Compensation. On 12/24/2014 Utilization Review non-certified the request for Norco 10/325mg, # 150 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 10MG #30, refill: 1: 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 Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 8, 13-14.

Decision rationale: The patient presents with pain affecting the right foot and ankle. The current request is for Prozac 10MG #30, Refill: 1. The treating physician states in the most recent report provided for review dated 06/24/14, that the patient stopped taking Lexapro because the patient did not like how it made him feel and that it did not help with his anxiety. In the records provided for review, the request for Prozac and the report requesting the medication was not provided. The MTUS guidelines state, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks)." The MTUS guidelines page 8 also states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." It is unclear from the medical records if this is an initial request or continuation of the medication. The current request is not medically necessary and the recommendation is for denial.

Norco 10/325mg #150, refill: 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the right foot and ankle. The current request is for Norco 10/325MG #150, Refill: 1. The treating physician states, "Norco continues to bring his pain level down from an 8/10 to a 6/10 to 5/10. He walks for exercise. Medications allow him to carry out activities of daily living such as cooking, cleaning, laundering, and self hygiene. No adverse side effects from medications. No aberrant behaviors. His last random urine drug screen was consistent." (3D) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, as well as "pain assessment." In this case, the treating physician has documented all 4As

and had complied with the MTUS guidelines and recommendations. The current request is medically necessary and the recommendation is for authorization.