

<b>Case Number:</b>	CM15-0009911		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, New York, 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 injured worker is a 52 year old male who sustained an industrial injury on 4/11/2002. He has reported chest pain and left arm and hand pain and tingling. The diagnoses have included shoulder and arm sprain, shoulder arthropathy, bicipital tenosynovitis, chronic pain, cervical and lumbar disc protrusion with radicular complaints, bilateral carpal tunnel release and rotator cuff rupture. Treatment to date has included trigger point injections, physical therapy, home exercises and medication management. Currently, the IW complains of neck and shoulder pain and lumbar pain. Treatment plan included retrospective review of Prozac, Norco 10/325 mg and Baclofen 10 mg. On 12/31/2014, Utilization Review modified a retrospective review of Prozac, Norco 10/325 mg and Baclofen 10 mg to a one month supply for weaning. The MTUS, ACOEM and Official Disability Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for a retrospective review of Prozac, Norco 10/325 mg and Baclofen 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Prozac:** Overturned

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

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

**Decision rationale:** Yes, the request for Prozac, an SSRI antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressant such as Prozac often take “weeks” to exert their maximal effect. Here, Prozac was introduced/re-introduced on September 4, 2014 on the grounds that the applicant was having issues tolerating Lexapro. It was, thus, soon to make any inferences as to the presence or absence of functional improvement following introduction of Prozac as of the date in question. Continued usage of Prozac, thus, was indicated, given the applicant’s various mental health complaints, including depression, sleep disturbance, etc. Therefore, the request was medically necessary.

**Retro Norco 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

**Decision rationale:** Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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, however, the applicant was/is not working, it was suggested, despite ongoing usages of Norco. The applicant was having difficulty performing activities of daily living of basic such as walking, bending, standing, household chores, etc., it was reported on October 30, 2014. On October 2, 2014, the applicant reported 8/10 neck, low back, upper extremity, and lower extremity pain. The attending provider’s progress notes, in short, failed to identify any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Retro Baclofen 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BACLOFEN Page(s): 64.

**Decision rationale:** Finally, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended only for the treatment of spasticity associated with multiple stenosis and/or spinal cord injuries, but can be employed off label for neuropathic pain, as was/is present here, this recommendation is, however, qualified by the commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of

work. The applicant continued to report pain complaints of 5 to 8/10 as of October 2, 2014. The applicant continued to report difficulties performing activities of daily living as basic as standing, sitting, walking, bending, etc. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Norco. All of the forgoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.