

Case Number:	CM15-0131285		
Date Assigned:	07/17/2015	Date of Injury:	01/20/2003
Decision Date:	09/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 37 year old male, who sustained an industrial injury on 01/20/2003. He reported sudden back pain. According to a progress report dated 03/03/2015, the injured worker was seen for ongoing low back pain with radicular symptoms into the left lower extremity. Current pain level was rated 8 on a scale of 1-10. Pain level was rated 9 before medication and 6 after medication. With medications he was able to help out with the household chores such as washing dishes and mild cleaning, taking care of 6 and 12 year old sons, exercise at the gym 1 hour a day and attend church every week. There were no side effects, adverse effects or aberrant behavior. A signed pain agreement was on file. He had not asked for early refills. A urine drug screen was obtained. Average pain over the past 2 months had been about an 8, getting as high as 9, coming down to a 6 with medications. Norco took effect within 15 minutes and provided relief for 4 hours. Prozac significantly helped with his mood. Without Prozac, he could not function. He was to return to the clinic in 1 month. Work status included no lifting, pushing or pulling over 5 pounds, no sitting or standing in one position for more than 30 minutes at a time; sedentary work only. According to a progress report dated 06/11/2015, the injured worker was seen for ongoing evaluation of his low back pain and radiating symptoms in his left lower extremity. Norco continued to bring his pain from a 9 down to a 6 on a scale of 1-10. Current pain level was rated 8. He continued to be able to be more active with medications. He was doing his home exercise program that he learned in physical therapy on a daily basis. He struggled to do these activities without the medications. Urine drug screen on 03/03/2015 was consistent. He also had significant benefit from the Prozac helping his mood and it gave him more motivation and energy to get up and do his exercises daily. He continued to take Prilosec daily which helped his stomach upset and heartburn symptoms. Current medications

included Norco 10/325 mg three a day, Prilosec 20 mg once a day and Prozac 20 mg one a day. He was in no acute distress. There was no significant antalgic gait noted. He did walk slowly. Diagnoses included status post L5-S1 lumbar discectomy and fusion on 07/09/2014 for herniated disk, negative electrodiagnostic studies of the left lower extremity May 2011 and depressed mood. The treatment plan included Norco 10/325 mg #90 with no refills and Prozac 20 mg #30 with 3 refills. He was to return to the clinic in 1 month. Work status included no lifting, pushing or pulling over 5 pounds, no sitting or standing in one position for more than 30 minutes at a time; sedentary work only. According to a Qualified Medical Psychological Evaluation report dated 07/01/2015, the injured worker reported that he could not stand for over ten or fifteen minutes or sit for over twenty minutes without the pain going up. If he lay down for over four hours, the pain increased. He could not lift over 5 pounds. He reported that when he vacuumed he would have to do it on his knees. After showering, his wife would help him dress. Diagnoses included major depressive disorder, anxiety disorder not otherwise specified and pain disorder with both medical and psychological factors. The evaluator noted that the injured worker's provider had prescribed him Fluoxetine (Prozac) 20 mg in early 2015 with some limited benefit. The evaluator recommended consideration for an alternative antidepressant such as Cymbalta which could be useful in enhancing pain management. Otherwise, it was recommended that Fluoxetine should be increased to 40 mg per day given the severity of the injured worker's depression. Cognitive supportive psychotherapy sessions were also recommended. Currently under review is the request for Norco 10/325 mg quantity 90 and Prozac 20 mg quantity 30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of

note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Prozac 20mg quantity 30 with three refills: 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 and Stress, Prozac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

Decision rationale: Prozac (Fluoxetine) is a selective serotonin reuptake inhibitor (SSRI). SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. Prescribing physicians should provide the indication for these medications. In this case, the patient's diagnoses include major depressive disorder, anxiety disorder not otherwise specified and pain disorder with both medical and psychological factors. According to a qualified medical psychological evaluation, the provider noted that the injured worker's provider had prescribed him Prozac in early 2015 with some limited benefit. The treating physician did provide sufficient evidence of improvement in the patient's mood and motivation with use of Prozac. The requested treatment included 3 refills. The patient was to return in 1 month for a follow up. Three refills exceeds the amount needed for 1 month. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.