MAXIMUS Federal Services

Case Number:	CM15-0137106		
Date Assigned:	07/27/2015	Date of Injury:	04/03/2000
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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
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:

This injured worker is a 64 year old female who reported an industrial injury on 4/3/2000. Her diagnoses, and or impression, were noted to include: degenerative lumbar disc; chronic low back pain status-post lumbar fusion surgery in 5/2012; chronic pain syndrome; opioid dependence; and depression with anxiety. No current imaging studies were noted. Her treatments were noted to include completion of a chronic pain functional restoration program with physical therapy; a home exercise program; and medication management. The pain management progress notes of 2/10/2015 noted being seen as part of a pilot program with reports of being told she had 3 fractures instead of just one, and was recommended to start bone building medications for which she wanted to research first; that she had much trauma and felt she was having post-traumatic stress disorder; and that her medications helped her. Objective findings were noted to include no acute distress; an improved/straighter gait but still with a right list; and mild difficulty with rising from a seated position. The physician's requests for treatments were noted to include Prozac and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section, Weaning of Medications Section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. In this case, the medication is being used in a chronic nature and there is no documentation of extenuating circumstances to warrants its use. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350mg #90 with 5 refills is determined to not be medically necessary.

Prozac 20mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Lamotrigine (Lamictal). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Prozac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter/Fluoxetine (Prozac®) Section.

Decision rationale: The MTUS guidelines do not address the use of SSRIs such as Prozac for depression therefore, alternative guidelines were consulted. Per the ODG, Prozac is recommended as a first-line treatment option for major depressive disorder and PTSD. In this case, there is no evidence to support a diagnosis of major depressive disorder or PTSD in the injured worker. Additionally, prior use of the medication has not resulted in an increase in function. Therefore, the request for Prozac 20mg #30 with 5 refills is determined to not be medically necessary.