

Case Number:	CM15-0183255		
Date Assigned:	10/14/2015	Date of Injury:	03/28/2000
Decision Date:	11/24/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 46 year old male, who sustained an industrial injury on 3-28-2000. A review of the medical records indicates that the injured worker is undergoing treatment for fractured left wrist with open reduction internal fixation with carpal tunnel release and post-traumatic arthritis, right wrist chronic pain, chronic bilateral shoulder pain status post-surgery to the right shoulder with limited range of motion (ROM), chronic lower back pain with degenerative disc disease and annular tears, transitional lumbar vertebrae with facet arthritis L3-L4 and L4-15, pelvic fractures with chronic pelvic and hip pain, and inguinal hernia. On 7-28-2015, the injured worker reported pain in the right shoulder, left wrist, and low back extending from the bottom of the ribs to just below the belt line and radiating into the bilateral lower extremities. The Primary Treating Physician's report dated 7-28-2015, noted the injured worker reported experiencing more frequent flare ups, presenting with bilateral wrist splints and a left knee brace. The injured worker rated his pain as 9-10 out of 10 in intensity, reduced to 3-4 out of 10 with use of his medications. On 6-22-2015, the injured worker rated his wrist pain at 4 out of 10, his pelvic pain as 5 out of 19, and his low back pain 6-7 out of 10 without medication and 3-4 with medication. The injured worker reported that he was able to maintain his current level of function and could tolerate activity much easier with the relief his medications provide. The injured worker's current medications were noted to include Meloxicam, Prozac, Norco, and Neurontin, all prescribed since at least 11-3-2014. The physical examination was noted to show the injured worker in no acute distress with no aggravated pain behaviors. The physical examination did not document any other system findings. The Physician noted that based on the

subjective complaints, physical examination findings, and diagnostic imaging studies "I feel that his need for narcotic medication to control his pain is medically justified". The injured worker denied negative side effects with use of his medications, and was noted to have a signed pain contract and risk assessment, with regular urine drug screens. Prior treatments have included right shoulder arthroscopic surgery, left wrist surgery, epidural steroid injection (ESI), selective nerve root block to the lumbar spine, bracing, physical therapy with temporary relief, acupuncture with no benefit, and medications including Norco, Soma, Neurontin, Prozac, Darvocet, Vicodin, and Mobic. The treatment plan was noted to include Norco, Prozac, Neurontin, and Meloxicam prescriptions. The request for authorization dated 7-28-2015, requested Norco 10/325mg, #90, Meloxicam 7.5mg, #30 with 3 refills, Neurontin 600mg, #90 with 3 refills, and Prozac 40mg, #30 with 3 refills. The Utilization Review (UR) dated 8-17-2015, conditionally non-certified the request for Norco 10/325mg, #90, and modified the requests for Meloxicam 7.5mg, #30 with 3 refills to one prescription of #30 with no refills, Neurontin 600mg, #90 with 3 refills to one prescription for #68 with no refills, and Prozac 40mg, #30 with 3 refills to one prescription of #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 40mg, #30 with 3 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 (ODG), Mental Illness & Stress (Antidepressants for treatment of MDD (major depressive disorder)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Guidelines state that Prozac may be recommended for patients suffering from major depressive disorders. In this case, the patient has been treated for chronic pain in addition to major depressive disorder. The request for Prozac 40 mg #30 with 3 refills exceeds guidelines as continued prescriptions of Prozac should only be approved based on continuous assessment of efficacy. The request for Prozac 40 mg #30 with 3 refills is not medically appropriate and necessary.

Neurontin 600mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Anti-epilepsy drugs for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Guidelines recommend gabapentin for treating diabetic painful neuropathy and post herpetic neuralgia. It may also be used as a first line treatment for neuropathic pain.

Continued use of gabapentin is recommended if there is adequate response to pain and as long as there are no risks for suicidal thoughts and behaviors. In this case, the patient was noted to have suicidal thoughts and continuing neurontin does not appear to be appropriate. Thus the request for gabapentin 600 mg #90 with 3 refills is not medically appropriate and necessary.

Meloxicam 7.5mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Guidelines recommend NSAIDs for treatment of osteoarthritis at the lowest effective dose for the shortest period of time. In this case, the patient has been successfully treated with meloxicam. Further requests for meloxicam should be based on continued documentation of efficacy. The request for meloxicam 7.5 mg #30 with 3 refills is not medically appropriate and necessary.