

Case Number:	CM15-0184320		
Date Assigned:	09/24/2015	Date of Injury:	06/08/2005
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: Internal 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 is a 69-year-old female with a date of injury on 6-8-2005. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy and lumbar radiculitis. On 5-13-2015, the injured worker rated her pain nine out of ten; she reported that with the use of Norco max 0-3 per day as needed, her pain level was reduced to five-six out of ten lasting six hours in relief. Per the progress report dated 7-13-2015, the injured worker rated her pain level nine out of ten without medication. She was noted to have temporarily discontinued her Norco and Relafen due to gastrointestinal issues. According to the progress report dated 8-11-2015, the injured worker rated her pain seven out of ten. She complained of increased anxiety over the past month with recent increase in her chronic low back pain with radiation into the right lower extremity. She reported needing her Norco max 0-2-day for the flare up of pain over the past month. She reported continued benefit and improvement in mood with use of Prozac. She reported 30 percent decrease in pain with the use of medications. The physical exam (8-11-2015) revealed positive lumbar facet loading on the right side. There was tenderness at the lumbar spine area with decreased range of motion. Straight leg raise was positive on the right. The injured worker was noted to be alert, cooperative and pleasant. Treatment has included trigger point injections, physical therapy, and medications. Current medications (8-11-2015) included Prozac, Omeprazole and Norco. Norco and Prozac have been prescribed since at least November 2014. The injured worker was noted to have previously failed Lexapro and Ibuprofen. The original Utilization Review (UR) (8-18-2015) modified a request for Prozac 20mg from #30 with two

refills to #30 with one refill. Utilization Review modified a request for Norco 7.5-325mg from #30 to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #30 with 2 refills: Overturned

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 and Stress, Fluoxetine (Prozac).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRIs.

Decision rationale: Prozac (Fluoxetine) is a selective serotonin reuptake inhibitor (SSRI). SSRI's 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, there is documentation of depression and the medication has proved beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Norco 7.5/325mg #30: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to MTUS and ODG, Norco 7.5/325mg (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 no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item 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.

