

Case Number:	CM15-0185533		
Date Assigned:	09/25/2015	Date of Injury:	12/10/2009
Decision Date:	11/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/21/2015

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, Indiana, 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:

The injured worker is a 40 year old male, who sustained an industrial injury on 12-10-2009. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for degeneration of lumbar disc, pain in ankle joint, neck sprain-strain, and thoracic sprain-strain. Treatment and diagnostics to date has included left foot, lumbar spine, and cervical spine MRI's, left foot surgeries, physical therapy, cognitive behavioral therapy, injections, acupuncture, and use of medications. Current medications include Docuprene Sodium, Protonix (takes 1-2 daily since at least 12-18-2014), Norco, Ketamine cream, Glucosamine, Norflex, and Prozac (takes 2 tablets daily since at least 12-18-2014). After review of progress notes dated 07-08-2015 and 08-05-2015, the injured worker reported neck, low back, and lower extremity pain rated 5-7 out of 10 on the pain scale. Objective findings included an antalgic gait, left heel tenderness, and 4 out of 5 muscle strength in left lower extremity. The Utilization Review with a decision date of 08-14-2015 modified the request for 60 tablets of Fluoxetine 20mg (Prozac) to 30 tablets of Fluoxetine 20mg (Prozac) and non-certified the request for 60 tablets of Pantoprazole 20mg (Protonix).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20 mg, sixty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a689006.html>.

Decision rationale: Pursuant to Medline plus, Fluoxetine 20 mg #60 is not medically necessary. Fluoxetine (Prozac) is used to treat depression, obsessive-compulsive disorder, some eating disorders, and panic attacks (sudden, unexpected attacks of extreme fear and worry about these attacks). Fluoxetine (Sarafem) is used to relieve the symptoms of premenstrual dysphoric disorder, including mood swings, irritability, bloating, and breast tenderness. Fluoxetine is in a class of medications called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance. In this case, the injured worker's working diagnoses are the generation of lumbar/lumbar sacral disk; pain joint ankle foot; sprain and strain of neck; sprain and strain thoracic region. Date of injury is December 10, 2009. Request for authorization is August 7, 2015. Progress notes dated December 24, 2015, March 18, 2015 and April 15, 2015 are incomplete with missing pages containing medications, start dates and indications. The first complete progress note is dated May 27, 2015. Medications include, but are not limited to, Fluoxetine, Pantoprazole and Diclofenac. The start date is not specified. Subjectively, the injured worker complains of neck pain, low back pain and lower extremity pain. Pain score is 5/10. The injured worker received 12 physical therapy sessions. There are no psychological symptoms enumerated in the medical record, although the documentation contains a diagnosis of depression. There are no gastrointestinal symptoms of dyspepsia or heartburn. There is no documentation demonstrating objective functional improvement to support ongoing Fluoxetine. Based on clinical information medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement and clinical facts supporting ongoing depression, Fluoxetine 20 mg #60 is not medically necessary.

Pantoprazole 20 mg, sixty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are the generation of lumbar/lumbar sacral disk; pain joint ankle foot; sprain and strain of neck; sprain and strain thoracic region. Date of injury is December 10, 2009. Request for authorization is August 7, 2015. Progress notes dated December 24, 2015, March 18, 2015 and April 15, 2015 are incomplete with missing pages containing medications, start dates and indications. The first complete progress note is dated May 27, 2015. Medications include,

but are not limited to, Fluoxetine, Pantoprazole and Diclofenac. The start date is not specified. Subjectively, the injured worker complains of neck pain, low back pain and lower extremity pain. Pain score is 5/10. The injured worker received 12 physical therapy sessions. There are no psychological symptoms enumerated in the medical record, although the documentation contains a diagnosis of depression. There are no gastrointestinal symptoms of dyspepsia or heartburn. There is no documentation demonstrating objective functional improvement to support ongoing Pantoprazole. There is no clinical indication for Pantoprazole in the medical record. Based on clinical information the medical record, peer-reviewed evidence- based guidelines and no clinical indication or rationale for Pantoprazole use, Pantoprazole 20 mg #60 is not medically necessary.