

Case Number:	CM15-0188448		
Date Assigned:	09/30/2015	Date of Injury:	11/01/2007
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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 45 year old male who reported an industrial injury on 11-1-2007. His diagnoses, and or impressions, were noted to include post-cervical laminectomy syndrome, status-post cervical fusion (10-2009); lumbar spinal stenosis; lumbar region sprain-strain; classical migraine, status-post bilateral lumbar decompression (7-5-13); and chronic pain. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include cervical fusion in 10-2010, and bilateral lumbar decompression in 7-2013; electrodiagnostic studies of the upper extremities (11-14-13); magnetic resonance imaging studies of the lumbar spine (5-3-10 & 12-6-13); and medication management. The pain management progress report of 9-9-2015 noted a Utilization Review Treatment appeal addressing the denial for: 30 tablets of Fluoxetine-Prozac 20 mg, 90 tablets of Ibuprofen 800 mg, 60 tablets of Pantoprazole-Protonix 20 mg, and 60 sub-lingual tablets of Buprenorphine 2 mg from the office visit of 7-31-2015; current complaints of chronic neck pain secondary to cervical post-laminectomy syndrome and low back pain relating to lumbar spinal stenosis, status-post decompression; continued neck and low back pain made worse by prolonged posture, sitting and standing; occasional migrainous headaches; and difficulty sleeping; and that he continued to manage his neck pain, rated 3 out of 10 with Buprenorphine and Ibuprofen and 7 out of 10 without, stating that it reduced his pain by > 50% and that he would be bed-bound if he did not have pain medication. The objective findings were noted to include: anxiety, pain and an antalgic gait; tenderness in the bilateral cervical para-vertebral muscles that were with hypertonicity and tight right muscle bands; tenderness in the bilateral trapezius muscles, with hypertonicity; restricted cervical range-of-motion; tenderness in

the bilateral lumbar para-vertebral muscles with hypertonicity and tight muscle bands; tenderness over the bilateral lumbar 3-5 levels, with gross limitation in lumbar flexion to approximately 35 degrees and extension to 10 degrees; limited lateral tilt to approximately 15 degrees; and mild decreased sensation in the approximate cervical 5 & 6 distribution. The physician's requests for treatment were noted to include: Fluoxetine-Prozac 20 mg #30, Ibuprofen 800 mg #90, Pantoprazole-Protonix 20 mg #60, and Buprenorphine 2 mg sub-lingual tablets #60 for date of service 7-31-2015 which were modified to Fluoxetine #15 tablets and Buprenorphine #20 tablets, with the remaining #15 tablets of Fluoxetine 20 mg, the remaining #40 sub-lingual tablets of Buprenorphine 2 mg, Ibuprofen 800 mg #90, and Pantoprazole 20 mg #60 being denied. The Request for Authorization for : 15 tablets of Fluoxetine-Prozac 20 mg, 90 tablets of Ibuprofen 800 mg, 60 tablets of Pantoprazole-Protonix 20 mg, and 40 sub-lingual tablets of Buprenorphine 2 mg was not noted in the medical records provided. The Utilization Review of 9-18-2015 non-certified the request for: 15 tablets of Fluoxetine-Prozac 20 mg, 90 tablets of Ibuprofen 800 mg, 60 tablets of Pantoprazole-Protonix 20 mg, and 40 sub-lingual tablets of Buprenorphine 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine-Prozac 20mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter, 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) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs 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. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for back pain. The patient does not carry a diagnosis of depression. Fluoxetine-Prozac 20mg #15 is not medically necessary.

Ibuprofen 800mg #90: Overturned

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: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The medical record contains

documentation of functional improvement and significant pain relief. I am reversing the previous utilization review decision. Ibuprofen 800mg #90 is medically necessary.

Pantoprazole-Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. I am reversing the previous utilization review decision. Pantoprazole-Protonix 20mg #60 is medically necessary.

Buprenorphine 2mg #40: 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): Buprenorphine.

Decision rationale: According to the MTUS, Buprenorphine is recommended for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) there is no documentation that the patient is currently undergoing formal drug addiction treatment. Buprenorphine 2mg #40 is not medically necessary.