

Case Number:	CM15-0188467		
Date Assigned:	09/30/2015	Date of Injury:	11/01/2007
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
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: Texas, Florida, 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:

The injured worker is a 44 year old male who sustained an industrial injury on 11/01/2007. Medical records indicated the worker was treated for cervical and lumbar postlaminectomy syndrome, lumbar spine strain-sprain, lumbar spinal stenosis, chronic pain, psychogenic pain, and long-term use of medication. In the provider notes of 09-02-2015, the worker was seen in follow up regarding chronic neck pain secondary to cervical postlaminectomy syndrome and low back pain relating to lumbar spinal stenosis status post decompression. The injured worker complains of neck and low back pain made worse with prolonged postures, including sitting and standing. He reports occasional migrainous headaches and difficulty sleeping. He takes Buprenorphine that reduces his pain greater than 50%. Gabapentin is reported as effective in reducing the burning pain in his hands, and he continues to report pain in the low back that reduces from 7 on a scale of 0-10 without medications to a 3 on a scale of 10 with Buprenorphine and Ibuprofen. He reports no adverse effects from his medication regimen. In a systems review, the worker complains of night sweats and severe fatigue, dizziness and headache, and neck pain. He complains of nausea but denies constipation, heartburn abdominal pain, black tarry stools and throwing up blood. He denies itching of skin, rash or yellowing of skin. He denies excessive bleeding or blood clots. On exam, the worker has an antalgic gait. He has normal muscle tone without atrophy in the bilateral upper and lower extremities. The treatment plan includes an approved surgical consultation with a specialist for the neck and low back pain relating to cervical degenerative disk disease status post fusion and lumbar stenosis. Refills of medications were given. A request for authorization was submitted for Gabapentin 800mg, #90, Fluoxetine (Prozac) 20mg, #30, and Buprenorphine sublingual 2mg, #60. A utilization review decision 09/16/2015 certified the request for Gabapentin 800mg, #90, and non-certified the request for Fluoxetine and Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine (Prozac) 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Mental Illness & Stress - Fluoxetine (Prozac); The American Psychiatric Association - Drug selection criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Anti-depressants.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding anti-depressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.

Buprenorphine sublingual 2mg, #60: 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: The MTUS notes this medicine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information of opiate addiction, or it is being used post detoxification. Further, it is not clear why a sublingual formulation over simple oral medicine is needed. The request does not meet MTUS criteria for the use of this special opiate medication; therefore, this request is not medically necessary.