

Case Number:	CM15-0202554		
Date Assigned:	10/19/2015	Date of Injury:	09/17/2007
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old, male who sustained a work related injury on 9-17-07. A review of the medical records shows he is being treated for neck and lower back pain. In progress notes dated 7-24-15 and 8-18-15, the injured worker reports constant lower back pain that radiates down into both legs. He reports neck pain that radiates to both shoulder and both hands. He rates his pain level a 6 out of 10. With medications, pain level is a 6 out of 10 and without medications, he rates his pain level an 8 out of 10. On physical exam dated 9-18-15, he has tenderness to touch of lumbar spine. He has lumbar spasms. He has positive straight leg raises with both legs. Treatments have included bilateral facet joint injections, medications, shoulder trigger point injections and shoulder injection. Current medications include Prozac, Ativan, Protonix, Cyclobenzaprine, Gabapentin, and medicated cream. He is not working. The treatment plan includes continuing medications and dispensing Tramadol and Ibuprofen. In the Utilization Review dated 9-25-15, the requested treatments of Prozac 20mg. Ativan 1mg., and Ibuprofen 800mg. #90 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg Capsule, 1 Tablet Once a day Orally: 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): Antidepressants for chronic pain.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." With regard to medication history, the injured worker has been using this medication since at least 2/2015. The documentation submitted for review indicates that the injured worker does indeed suffer from lower back pain that radiates down into the legs, and neck pain that radiates to both shoulders and hands. It was noted per the medical records that the injured worker rated pain level 6/10 with medications, and 8/10 without medications. I respectfully disagree with the UR physician's denial based upon a lack of documented functional improvement. The MTUS guidelines do not mandate this for antidepressants. The request is medically necessary.

Ibuprofen 800mg 1 Tablet Q8hrs Prn #90: Overturned

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

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

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." Per the medical records submitted for review, this appears to be the first prescription of this medication. I respectfully disagree with the UR physician's denial based upon a lack of functional improvement with the use of the medication, as this was the first use. Ibuprofen is indicated for the injured worker's lower back pain. The request is medically necessary.

Ativan 1 Mg, 1 Tablet Once a day Orally: 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): Benzodiazepines.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication since at least 2/2015. As the treatment is not recommended for long term use, the request is not medically necessary.