

Case Number:	CM15-0210337		
Date Assigned:	10/29/2015	Date of Injury:	03/03/2014
Decision Date:	12/11/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 3-3-2014 and has been treated for lumbar disc protrusion, radiculopathy, left knee pain with degenerative joint disease, and anxiety and depression. On 6-1-2015 the injured worker reported that depression had improved secondary to experiencing less pain which had been 4-5 out of 10 and treated with physical therapy, home exercise, naproxen, ibuprofen, and Omeprazole, allowing him to move better. On 7-30-2015 physical symptoms included low back pain, and objective findings included tenderness of the lumbosacral spine with palpation. Documented treatment includes the noted medication, unspecified epidural injections; and, for anxiety and pain management, he has been treated through cognitive behavioral therapy, relaxation methods, sleep hygiene, distress tolerance, and affect regulation and mood management. The number of psychotherapy sessions or onset is not provided. The treating physician's plan of care includes a request to begin the injured worker on Prozac, and a urine drug screening which were non-certified 10-19-2015. The note does not state if he had been taking Prozac prior to this request or rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. In this case, the injured worker is a 40 year old male being treated for depression secondary to chronic low back and knee pain. Prozac is an SSRI. According to the treatment guidelines, it is recommended only after a failure of tricyclic antidepressants or an adverse reaction to SSRI. The submitted documentation does not demonstrate a failed trial of a tricyclic antidepressant or adverse reaction to tricyclics. Therefore, the request is not medically necessary.

Random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case it is unclear why the urine drug screen is being requested. Based on the submitted documentation the worker is not noted to exhibit any aberrant behavior, be at risk for illicit drug use or currently taking chronic opioids. The request does not meet the guidelines and is therefore not medically necessary.