

Case Number:	CM15-0045034		
Date Assigned:	03/16/2015	Date of Injury:	11/13/2003
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation, 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 59 year old male who sustained an industrial injury on November 13, 2003. He has reported continued body pain and has been diagnosed with myalgia and myositis not otherwise specified, ganglion of joint, and carpal tunnel syndrome. Treatment has included medications and acupuncture. Currently the injured worker had very tight trapezus and cervical paraspinals. The treatment request included Fluoxetine HCL 20 mg # 30 with 2 refills and lycrica 150 mg # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine HCL 20mg, #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines SSRI Page(s): 107.

Decision rationale: Fluoxetine is a SSRI anti-depressant. In the case of this request, the antidepressant may be used for mood disorder or chronic pain. It should be noted that the CA MTUS has guidelines for the use of antidepressants for chronic pain, which differ from those for depression, anxiety, or mood disorders. The ACOEM has further guidelines of SSRI use in mood disorder. In this injured worker, the progress notes from July up until the end of 2014 do not document efficacy of this medication in improving mood or pain. This type of medication monitoring is requisite in order for continuation of this. Given this, this request is not medically necessary.

Lyrica 150mg #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, AEDs Page(s): 16-21.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Given this, the currently requested pregabalin (Lyrica) is not medically necessary.