

<b>Case Number:</b>	CM15-0052764		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/30/1995
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Illinois

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 64-year-old female who sustained an industrial injury on 3/30/95. The diagnoses have included Complex regional pain syndrome (CRPS) of upper extremities, major depression, sleep disturbance, cervical myofascitis, bilateral shoulder impingement and chronic pain syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, trigger point injections and home exercise program (HEP). The current medications included Avinza, Prozac, Lidoderm patch, Prilosec and Axert. Currently, as per the physician progress note dated 2/17/15, the injured worker complains of increased upper extremity pain and tremor without the stimulation because the spinal cord stimulator has reached the end of life. The physical exam revealed increased tremor in both upper extremities, severe bilateral trapezius tenderness, upper extremity hyperalgesia and weakness bilaterally. The urine drug screen dated 4/1/14 was consistent with medications prescribed. The physician requested treatments included Prozac 30mg (unspecified quantity); Lidoderm patches 5% (unspecified quantity), Axert (unspecified dose and quantity) and Prilosec 20mg (unspecified quantity).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 30mg (unspecified qty): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Fluoxetine (Prozac).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6. Decision based on Non-MTUS Citation Mental Illness & Stress.

**Decision rationale:** The injured worker sustained a work related injury on 3/30/95. The medical records provided indicate the diagnosis of Complex regional pain syndrome (CRPS) of upper extremities, major depression, sleep disturbance, cervical myofascitis, bilateral shoulder impingement and chronic pain syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, trigger point injections and home exercise program (HEP). The current medications included Avinza, Prozac, Lidoderm patch, Prilosec and Axert. The medical records provided for review do not indicate a medical necessity for Prozac 30mg (unspecified qty). The Official disability Guidelines recommends Fluoxetine (Prozac) as a first-line treatment option for major depressive disorder and PTSD; but although the injured worker has been diagnosed of major depression, the medical records reviewed provided no information about the injured workers emotional state at the time of visit. The MTUS recommends that the treatment of the occupational injury patient be based on the context of the information from thorough history (including review of medical records) and physical examination. Without information about the injured worker's emotional state and documentation of outcome of previous treatments with this medication, it is not medically necessary to prescribe additional medications.

**Lidoderm patches 5% (unspecified qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57.

**Decision rationale:** The injured worker sustained a work related injury on 3/30/95. The medical records provided indicate the diagnosis of Complex regional pain syndrome (CRPS) of upper extremities, major depression, sleep disturbance, cervical myofascitis, bilateral shoulder impingement and chronic pain syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, trigger point injections and home exercise program (HEP). The current medications included Avinza, Prozac, Lidoderm patch, Prilosec and Axert. The medical records provided for review do not indicate a medical necessity for Lidoderm patches 5% (unspecified qty). Lidoderm patch is a topical analgesic containing Lidocaine. Lidoderm patch is not a first-line treatment and is only FDA approved for post-herpetic neuralgia; but the records do not indicate the injured worker has a diagnosis of post-herpetic neuralgia.

**Axert (unspecified dose and qty): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (Acute and chronic), Axert (Almotriptan).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 28. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/axert.html>.

**Decision rationale:** The injured worker sustained a work related injury on 3/30/95. The medical records provided indicate the diagnosis of Complex regional pain syndrome (CRPS) of upper extremities, major depression, sleep disturbance, cervical myofascitis, bilateral shoulder impingement and chronic pain syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, trigger point injections and home exercise program (HEP). The current medications included Avinza, Prozac, Lidoderm patch, Prilosec and Axert. The medical records provided for review do not indicate a medical necessity for Axert (unspecified dose and qty). Axert (almotriptan malate) is used in the treatment of migraine headache. The MTUS does not recommend consider Migraine as a work related condition; besides, most treatment guidelines recommend the dose of 6.25 to 12.5 mg repeated within 2 hours if necessary, but the request does not specify any dosing interval and quantity.

**Prilosec 20mg (unspecified qty):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 3/30/95. The medical records provided indicate the diagnosis of Complex regional pain syndrome (CRPS) of upper extremities, major depression, sleep disturbance, cervical myofascitis, bilateral shoulder impingement and chronic pain syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, trigger point injections and home exercise program (HEP). The current medications included Avinza, Prozac, Lidoderm patch, Prilosec and Axert. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg (unspecified qty). The MTUS recommends the addition of proton pump inhibitors in the treatment at risk of gastrointestinal events if they are being treated with NSAIDs. The records do not indicate the injured worker is on treatment with NSAIDs. Also, the request is for an unspecified quantity: the MTUS does not recommend the use of proton pump inhibitors for more than one year due to the risk of hip fracture.