

Case Number:	CM15-0239720		
Date Assigned:	12/16/2015	Date of Injury:	12/03/1998
Decision Date:	01/29/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/08/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 12-3-98. Medical records indicate that the injured worker is undergoing treatment for bilateral shoulder pain, cervical radiculopathy, myofascial pain, bilateral carpal tunnel syndrome, reactive depression associated with chronic pain and opioid induced constipation. The injured workers current work status was not identified. On (11-12-15) the injured worker complained of neck pain with radiation to the bilateral shoulders and upper extremities, bilateral burning shoulder pain, pain in the left elbow and forearm and pain in both wrists and hands. Associated symptoms include numbness and tingling in the left forearm and hand and the last two digits of the left hand. The pain was rated 8 out of 10 on the visual analog scale. The injured worker also noted depression with crying spells an least once daily and sometimes up to 5 spells a day. The injured worker is depressed due to her pain limits. Objective findings revealed cervical range of motion to be limited in all planes. Spasms were noted over the cervical paraspinal muscles, sternocleidomastoid muscles and upper trapezius muscles. Moderated tenderness was noted over the left cervical paraspinal muscles, left trapezius, left scapula and both shoulders. Range of motion was limited in both shoulders. Treatment and evaluation to date has included medications, urine drug screen, electromyography-nerve conduction velocity studies, MRI of the cervical spine, psychological assessments and an Interferential unit. Current medications include Prozac (since at least May of 2015), Amitiza, MS Contin, Norco, Prilosec, Valium, Topamax, and Lasix. The injured worker was noted to have been evaluated by another facility for non-industrial gastrointestinal upset and was prescribed Prilosec 20mg two tabs daily, which helps

manage the gastrointestinal upset better than Pepcid. The current treatment requests include Prozac 20mg #30 with 1 refill and Prilosec 20mg #30 with 1 refill. The Utilization Review documentation dated 11-20-15 non-certified the requests for Prozac 20mg #30 with 1 refill and Prilosec 20mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20 mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prozac--Mental/Stress.

Decision rationale: The request is considered medically necessary. As per ODG guidelines, Prozac is first-line treatment for depression and PTSD. The patient currently struggles with severe depressive symptoms due to chronic pain. The patient can have 1-5 crying episodes daily. Her pain continues to restrict her activities. She denies suicidal ideation. The patient does have depression and therefore, continued use of Prozac is considered medically necessary.

Prilosec 20 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <PPIs> <NSAIDs, GI symptoms>.

Decision rationale: The request is considered medically necessary. The patient was taking Ibuprofen for chronic pain. She experienced gastric discomfort due to the NSAID. It is reasonable to use a PPI to prevent ulcers due to chronic NSAID use. Long-term PPI is not recommended and comes with many side effects. But while being treated with Ibuprofen, it is recommended prophylactically. Therefore, the request is considered medically necessary.