

Case Number:	CM14-0111072		
Date Assigned:	08/01/2014	Date of Injury:	03/06/2008
Decision Date:	10/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 03/06/2008; the mechanism of injury was not provided. On 07/17/2014, the injured worker presented with chronic neck and low back pain. Upon examination of the lumbar spine, there was a normal gait, normal lordosis, and no scoliotic deformity. There were symmetric deep tendon reflexes bilaterally to the patella and Achilles. Spasm and guarding noted to the lumbar spine. Current medications included Opana, fluoxetine, and oxymorphone. An EMG/NCV dated 04/21/2009 noted suggestive evidence of chronic left S1 radiculopathy and mild ongoing denervation. There was also evidence consistent with mild demyelinating sural sensory neuropathies at the bilateral ankles. The provider recommended Opana ER and fluoxetine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg (oxymorphone) # 90 (unspecified refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Opana ER 20mg (oxymorphone) # 90 (unspecified refills) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Fluoxetine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs, Page(s): 107.

Decision rationale: The California MTUS does not recommend SSRIs as treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs are in a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. As the guidelines do not recommend SSRIs, fluoxetine would not be indicated. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.