

Case Number:	CM14-0126635		
Date Assigned:	09/03/2014	Date of Injury:	04/03/1987
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 48-year-old male who had sustained an industrial injury on 4/3/1987. He was being treated for cervical, thoracic and lumbar spine pain. His prior treatments included acupuncture, chiropractic therapy, physical therapy, surgery, epidural injections, neurolysis and trigger point injections. His medications included Percocet 10/325 mg q.i.d., Cymbalta 60 mg p.o. daily, Prozac 20 mg 2 caps p.o. daily, Pamelor 50 mg p.o. nightly, Topamax 25 mg p.o. b.i.d and a prior history of Gabapentin which had been discontinued. It was also noted in his progress notes from February 2014 that he had mild stress and mild depression. He was prescribed Percocet, Gabapentin as well as Cymbalta 30 mg daily. During his visit in March of 2014, he continued to have aching nerve pain, sharp joint pain and pain radiating into both legs. His Cymbalta was increased to 60 mg and the Neurontin was discontinued. He was started on Topamax 25 mg instead of Neurontin. His progress notes from April 2014 notes that he was on Prozac 20 mg 2 caps daily and the initial date of prescription was noted to be 4/14/12. He was also noted to be on Pamelor 50 mg capsule 2 capsules at nighttime. During his visit in June of 2014 patient was referred to have medical marijuana. The progress report from 7/7/14 was reviewed. His chief complaints during this visit included cervical, thoracic and lumbar pain. The main reason for the visit was noted to be medication refills with no new changes. He had aching nerve pain, sharp joint pain with moving and was in constant pain that radiated into both legs. His pain was rated at 5/10 with medications and 9/10 without medications. He had no side effects from the pain medications. His pain was relieved by more than 50% and his functioning status was more or less the same as the previous visit. He had mild stress and mild depression and slept for 6 hours per night. His mental health history included depression. Pertinent examination findings included limited range of motion of the cervical spine, normal sensory examination of the upper extremities, tenderness to palpation over the cervical paraspinous

muscles, limited lumbar spine range of motion and tenderness to palpation over the lumbar facet joints. His diagnoses included cervical spondylosis without myelopathy, lumbar radiculopathy and lumbar spondylosis without myelopathy. He was given medication refills of Percocet 10 mg and Cymbalta 60 mg. A request was also sent for refill of Prozac 20 mg 2 caps a day, Pamelor 50 mg #60 him on Cymbalta 60 mg #30, Topamax 25 mg #60 and Percocet #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of prozac 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 12-16.

Decision rationale: The employee was being treated for lumbar and cervical spondylosis without myelopathy and lumbar radiculopathy. He had normal motor and normal sensory examination of all four extremities and had back pain radiating down to lower extremities. He had mild depression according to documentation. He was on multiple medications including Percocet, Cymbalta, Pamelor, Topamax and Prozac. The request is for Prozac 20mg 2 caps daily. According to MTUS Chronic Pain Medical Treatment Guidelines, SSRIs are not indicated in the treatment of low back pain. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In addition, the guidelines state that antidepressants are an option for radiculopathy. But the employee had ongoing same amount of pain and same amount of functional capacity without significant change in the numerical scale of pain or functional improvement despite multiple antidepressants. Given the weak recommendations and the lack of documentation of improvement in functioning with Prozac, and given the lack of documentation of psychiatric diagnoses, the request for Prozac is not medically necessary or appropriate.