

Case Number:	CM14-0126863		
Date Assigned:	08/13/2014	Date of Injury:	07/23/2011
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
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 Family Practice, and is licensed to practice in Utah. 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 patient is a 25 year-old female. The patient's date of injury is 7/23/2011. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with bilateral knee pain, sprain of the knee, and pain in the limb. The patient's treatments have included surgical intervention, physical therapy, imaging studies, and medications. The physical exam findings dated April 25, 2014 shows the patient with a lower extremity exam with no atrophy, and no joint effusion. The range of motion is noted as normal, except for the knee. The joints are stable to stress testing, except for the ACL in the Left leg. The strength is reported as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Prozac 20mg OD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress: Prozac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-17.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prozac. The clinical records lack documentation of the need for an antidepressant to manage the patient's psychological symptoms

with associated with the chronic pain. According to the clinical documentation provided and current MTUS guidelines; Prozac is not indicated as a medical necessity to the patient at this time.

RETRO: Omeprazole 20mg OD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Proton Pump Inhibitor

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): page(s) 67-69..

Decision rationale: According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Omeprazole, as stated in the above request, is determined not to be a medical necessity at this time.

RETRO: Wellbutrin 150mg bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain, Bupropion, Page.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Wellbutrin. MTUS guidelines state the following: While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. According to the clinical documentation provided and current MTUS guidelines; Wellbutrin is not indicated as a medical necessity to the patient at this time.

RETRO: Norco 10/325 5-6 a day #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.