

Case Number:	CM14-0167780		
Date Assigned:	10/15/2014	Date of Injury:	05/02/2011
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/11/2014

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 New York. 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 claimant is a 67 year old female who sustained an industrial injury on 05/02/2011. The mechanism of injury was she tripped over an electric cord and fell while cleaning the room. Her diagnoses include cervical disc disease with radiculitis, lumbar intervertebral disc displacement, low back pain, thoracic pain, and neck pain. She continues to complain of neck and low back pain. On physical exam there is decreased range of motion of the cervical and lumbar spines. There is tenderness with some guarding along the thoracic and lumbar paraspinal muscles. Her gait is non-antalgic. Motor strength is 4/5 in the bilateral upper extremities; sensation was diminished along the C4 dermatome. Spurling's sign was positive bilaterally and DTR were 2+ bilaterally. Treatment has included medical therapy with Fenoprofen, Cyclobenzaprine, Fluoxetine and Prilosec. the treating provider has requested Prilosec 20mg 1-2 po qd #60, Fenoprofen 400mg 1 po bid # 120, and Fluoxetine 20mg po bid # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC DELAYED RELEASE 20 MG 1-2 CAPSULES PO QD #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented Gastrointestinal (GI) distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. Gastrointestinal (GI) risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Prilosec has been established. The patient is presently maintained on an NSAID medication (Fenoprofen). Her age is 67 and in addition she is maintained on Fluoxetine. The combination of NSAIDs and Selective Serotonin Reuptake Inhibitors (SSRIs) such as Fluoxetine is associated with a moderate excess risk of serious upper GI events when compared to NSAIDs alone. Medical necessity for the requested item has been established. The requested item is medically necessary.

FENOPROFEN 400MG 1 CAPSULE PO BID #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The review of the medical documentation indicates the patient requires Fenoprofen therapy for her chronic pain condition. NSAIDs such as Fenoprofen are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs in chronic low back pain. Because the patient has had chronic low back and neck pain medical necessity is established for Fenoprofen at this time. There has been a reported positive effect from use of this medication for the treatment of her chronic pain condition. There has been no reported adverse effects from usage of the medication. The requested treatment is medically necessary.

FLUOXETINE 20MG 1 TABLET PO BID #120: Overturned

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 Page(s): 13-16.

Decision rationale: The requested medication, Fluoxetine 20mg is medically necessary for the treatment of the patient's condition. The claimant has depression in addition to her chronic pain condition. Fluoxetine is an antidepressant in the group of drugs called Selective Reuptake Inhibitors (SSRIs). The medical documentation indicates she is stable on the medication. In

addition SSRIs such are indicated in the treatment of chronic pain. Medical necessity for the medication, Fluoxetine has been established. The treatment is medically necessary.