

Case Number:	CM14-0211717		
Date Assigned:	12/24/2014	Date of Injury:	02/27/2003
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Massachusetts, New Hampshire, New York
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63-year-old female with a date of injury of 02/7/2003. Her mechanism of injury was not included. Her diagnoses included shoulder pain and cervical strain. Her past treatments included physical therapy, pain medication, psychiatric consultation and home exercise program. Her diagnostic studies included lab work, urine drug screens. Her surgical history included arthroscopy of the shoulder 2 times, the latest being 11/21/2007. The injured worker had complaint of pain and rated it, with her medications, as a 3/10, without her medications, as a 9/10. Physical exam findings indicated motor strength of shoulder abduction was 5/5 on both sides, shoulder external rotation was 4/5 on both sides, internal rotation was 5/5 on both sides. She had a slow, awkward, antalgic gait, and was assisted by a 4 wheeled basket cart with a seat. Her medications included Norco 10/325 mg, Lyrica 100 mg, Prozac 10 mg, methotrexate 2.5 mg, triamcinolone 0.1% ointment, oxybutynin 5 mg, Ambien 10 mg. Her treatment plan was attempting to arrange transportation so she would be able to participate in her psychologist visits. The rationale for the request was so that she may be able to attend her psychologist appointments. The Request for Authorization form was signed and dated 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

Decision rationale: The request for Prozac 10 mg #60 is not medically necessary. The California MTUS Guidelines state that SNRIs have not been shown to be effective for low back pain, and SNRIs have not been evaluated for this condition. No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. There is a lack of documentation regarding the rationale for Prozac use, whether it is intended for use as an antidepressant or to be used for back pain, or both, the use of the medication cannot be properly evaluated. Therefore, the request is not medically necessary.

1 medical transportation to and from office appointments: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Transportation to and from appointments.

Decision rationale: The request for transportation to and from appointments is not medically necessary. The Official Disability Guidelines state that transportation to and from appointments is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them self-transport. Note: this reference applies to patients with disabilities preventing from self-transport who are age 55 or older and need a nursing home level of care. As the guidelines state, the injured worker needs to be at a nursing home level of care, the level of care of the injured worker is not specified in the medical record nor is the mode of transportation she uses to get to appointments presently. As such, the request for transportation to and from appointments is not medically necessary.