

<b>Case Number:</b>	CM14-0219255		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on August 29, 2008. He has reported pain in the wrist , knee, shoulders, low back, and hip and has been diagnosed with knee pain/joint pain leg, pain, wrist/forearm, lumbago, low back pain, and encntr long RX use nec. Treatment to date has included imaging studies, pain medications, and surgery. Currently the injured worker complains of pain that was stabbing, throbbing, aching with occasional sharp pain with numbness and tingling which was constant. The treating physician's treatment plan included medication and a urine drug screen. On December 11, 2014 Utilization Review non certified Fluoxetine 40 mg 1 cap daily for 30 days # 30 refills 2, Infermezzo 3.5 mg sublingual tab SL QHS 30 days # 30 refill 2, Methadone 10 mg 1 tab PRN q6 H for 30 days # 120, and Diclofenac 100mg BID PRN for 30 days # 60 noting the MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoxetine 40 mg 1 cap daily for 30 days #30 refills: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Pain section, Antidepressants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fluoxetine 40 mg one PO 30 day supply, #30 with two refills is not medically necessary. Fluoxetine (Prozac) is used to treat depression, obsessive-compulsive disorder, some eating disorders and panic attacks. Prozac is a selective serotonin reuptake inhibitor (SSRI). Antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tri-cyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. SSRIs are controversial based on controlled trials. In this case, the injured worker's working diagnoses are lumbago, low back pain; knee pain, joint pain leg; and pain wrist/forearm. Subjectively, the injured worker complains of wrist, knee and low back pain with radiation to the lower extremity. Objectively, gait is normal. Range of motion at the cervical spine is very limited. The lumbar spine is tentative palpation in the paravertebral muscle groups. Range of motion is mildly limited. Fluoxetine was prescribed in the oldest progress note dated August 6, 2014. The documentation does not contain a clinical indication or rationale for Fluoxetine. There is no documentation of objective functional improvement (depending on the clinical indication). Consequently, absent clinical documentation to support the ongoing use of Fluoxetine, Fluoxetine 40 mg one PO 30 day supply, #30 with two refills is not medically necessary.

**Diclofenac 100mg BID PRN for 30 days #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 100 mg BID for 30 days #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker's working diagnoses are lumbago, low back pain; knee pain, joint pain leg; and pain wrist/forearm. Subjectively, the injured worker complains of wrist, knee and low back pain with radiation to the lower extremity. There are mostly complaints or issues with depression noted in the medical record. Objectively, gait is normal. Range of motion at the cervical spine is very limited. The lumbar spine is tentative palpation in the paravertebral muscle groups. Range of motion is mildly limited. Diclofenac was prescribed to the injured worker is four back as August 6, 2014. The plan was to continue medications follow up. The start date is unclear based on the documentation. Diclofenac is a nonsteroidal anti-inflammatory drug that is recommended at the lowest dose for the shortest period. There is no documentation with objective functional improvement to warrant the ongoing use of diclofenac. Consequently, absent clinical documentation for the objective

functional improvement to support the ongoing use of diclofenac, Diclofenac 100 mg BID for 30 days #60 is not medically necessary.

**Intermezzo 3.5mg Sublingual tab SL QHS 30 days #30 refill 2: 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Zolpidem

**Decision rationale:** Pursuant to the Official Disability Guidelines, intermezzo (zolpidem) 3.5 mg sublingual QHS, 30-day supply #30 with two refills is not medically necessary. Zolpidem (intermezzo) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are lumbago, low back pain; knee pain, joint pain leg; and pain wrist/forearm. Subjectively, the injured worker complains of wrist, knee and low back pain with radiation to the lower extremity. There are mostly complaints or issues with depression noted in the medical record. Objectively, gait is normal. Range of motion at the cervical spine is very limited. The lumbar spine is tentative palpation in the paravertebral muscle groups. Range of motion is mildly limited. The medical record does not contain documentation of insomnia or difficulty sleeping. Zolpidem (intermezzo) is indicated for short-term (7 to 10 days) treatment of insomnia. Intermezzo appears in the medical record as far back as August 6, 2014. It is unclear whether this is a refill for a new prescription at that date. The treating physician clearly exceeded the recommended guidelines for short-term use. Consequently, absent clinical documentation to support the ongoing use of intermezzo (Zolpidem) in contravention of the recommended guidelines (7 to 10 days), intermezzo (Zolpidem) 3.5 mg sublingual QHS, 30-day supply #30 with two refills is not medically necessary.

**Methadone 10mg 1 tab PRN q 6H for 30 days #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 62, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Methadone

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methadone 10 mg one PO as needed every six hours for 30 days, #100 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain, only if the potential benefit outweighs the risk, unless Methadone was prescribed by pain specialists with experience in its use and by addiction specialists, where first-line use may be appropriate. Due to the complexity of dosing and potential for adverse effects including respiratory depression and adverse cardiac events, this drug should be reserved for use by experienced practitioners (pain and addiction specialists). In this case, the injured worker's working diagnoses are lumbago, low back pain; knee pain, joint pain leg; and pain wrist/forearm.

Subjectively, the injured worker complains of wrist, knee and low back pain with radiation to the lower extremity. There are mostly complaints or issues with depression noted in the medical record. Objectively, gait is normal. Range of motion at the cervical spine is very limited. The lumbar spine is tentative palpation in the paravertebral muscle groups. Range of motion is mildly limited. The documentation indicates the injured worker is taking methadone 10 mg one tablet every six hours, Morphine sulfate extended release, morphine sulfate immediate release, diclofenac, Fluoxetine, intermezzo and omeprazole. The documentation indicates Methadone has been prescribed the injured worker as far back as August 6, 2014. The medical record is 38-pages in length. There is no clinical rationale in the medical record that includes the medication regimen of methadone, morphine sulfate ER (extended relief) and morphine sulfate IR (immediate relief). There are no pain assessments or risk assessments in the medical record. There is no evidence of objective functional improvement as it pertains to methadone, morphine sulfate ER and morphine sulfate IR. Consequently, absent clinical documentation to support the ongoing use of methadone in conjunction with a second long-acting and short acting opiate (morphine sulfate) with no documentation indicating objective functional improvement, pain assessments or risk assessments, Methadone 10 mg one PO as needed every six hours for 30 days, #100 is not medically necessary.