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| Case Number: | CM15-0125190 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 05/16/2013 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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
 Certification(s)/Specialty: Emergency 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 42 year old female, who sustained an industrial injury on 5/16/2013. The mechanism of injury was sustained while assisting to transfer a patient. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sciatica, lumbar disc degeneration, lumbosacral spondylosis and lumbar spinal stenosis. Recent bilateral upper extremity electromyography (EMG) was within normal limits. Treatment to date has included functional restoration program, hand therapy, physical therapy, aqua therapy and medication management. In a progress note dated 5/29/2015, the injured worker complains of low back pain, bilateral lower extremities radiculopathy and right wrist pain. Physical examination showed morbid obesity and an antalgic gait. The treating physician is requesting Butrans 5 mcg/hour patch, #4 and Fluoxetine-Prozac 20 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr patch, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Topical Analgesics Page(s): 26-27, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. Patient shows no benefit from Butrans patch. Patient still has significant pain with no improvement in function. Documentation does not support continued use of Butrans. Therefore, the request is not medically necessary.

Fluoxetine-Prozac 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-16.

Decision rationale: Prozac is fluoxetine, an SSRI (selective serotonin reuptake inhibitor) antidepressant. As per MTUS Chronic pain guideline, antidepressants for chronic and neuropathic pain may be considered. Tricyclic antidepressants are considered 1st line and SNRIs are considered 2nd line. SSRIs are considered 3rd line and has poor evidence to show efficacy in chronic pain or neuropathic pain. It has been shown to have no effect in low back pain. MTUS guideline requires documentation of treatment efficacy, which include evaluation of function, changes in analgesic use, sleep and psychological assessment. The provider has failed to document anything to support use of Prozac. There is no appropriate documentation as to why a 3rd line medication is being used and there is no appropriate documentation of efficacy. Prozac is not medically necessary.