

Case Number:	CM15-0173317		
Date Assigned:	09/15/2015	Date of Injury:	10/23/2009
Decision Date:	12/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/02/2015

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 47 year old male, who sustained an industrial injury on 10/23/2009. The injured worker is undergoing treatment for: lumbar post-laminectomy syndrome. On 8-6-15, and 8-12-15, he reported continued low back pain with radiation and numbness in the left lower extremity. He rated his pain 9-10 out of 10 with activity and 6-7 out of 10 at rest or not very active. He indicated Nabumetone and hydrocodone gave him stomach upset. He indicated Prozac to be helpful with relief of depression and anxiety. He reported anxiety and depression. Objective findings revealed an antalgic gait, use of a single point cane, normal muscle tone of the upper and lower extremities bilaterally, decreased right lower leg strength with flexion, decreased left lower extremity strength. There is no discussion of pain reduction with Morphine. The treatment and diagnostic testing to date has included: lumbar surgery (2-17-10), medications, electrodiagnostic studies (8-27-13), magnetic resonance imaging of the lumbar spine (10-6-12), spinal cord stimulator trial. Medications have included: Nabumetone, morphine sulfate ER, Prozac, and omeprazole. The records indicated he was prescribed on Morphine on 8-6-15. Current work status: permanent and stationary with permanent disability. The request for authorization is for: Morphine sulfate ER 15mg tablets, ½ tablet by mouth 2 times a day, may increase to one tablet by mouth 2 times a day as tolerated, quantity 60, refill unspecified; Fluoxetine (Prozac) 20mg quantity number 30 (ms) quantity 60, refill unspecified. The UR dated 8-13-2015: non-certified the request for Morphine sulfate ER 15mg tablets, ½ tablet by mouth 2 times a day, may increase to one tablet by mouth 2 times a day as tolerated, quantity 60, refill unspecified; Fluoxetine (Prozac) 20mg quantity number 30 (ms) quantity 60, refill unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulf 15mg tablet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Morphine Sulf 15mg tablet #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain with radiation and numbness in the left lower extremity. He rated his pain 9-10 out of 10 with activity and 6-7 out of 10 at rest or not very active. He indicated Nabumetone and hydrocodone gave him stomach upset. He indicated Prozac to be helpful with relief of depression and anxiety. He reported anxiety and depression. Objective findings revealed an antalgic gait, use of a single point cane, normal muscle tone of the upper and lower extremities bilaterally, decreased right lower leg strength with flexion, decreased left lower extremity strength. There is no discussion of pain reduction with Morphine. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Morphine Sulf 15mg tablet #60 is not medically necessary.

Fluoxetine-Prozac 20mg #30 (ms) #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: The requested Fluoxetine-Prozac 20mg #30 (ms) #60 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. The injured worker has continued low back pain with radiation and numbness in the left lower extremity. He rated his pain 9-10 out of 10 with activity and 6-7 out of 10 at rest or not very active. He indicated Nabumetone and hydrocodone gave him stomach upset. He indicated Prozac to be helpful with relief of

depression and anxiety. He reported anxiety and depression. Objective findings revealed an antalgic gait, use of a single point cane, normal muscle tone of the upper and lower extremities bilaterally, decreased right lower leg strength with flexion, decreased left lower extremity strength. There is no discussion of pain reduction with Morphine. The treating physician has documented functional benefit in regards to depression with this treatment. The criteria noted above having been met, Fluoxetine-Prozac 20mg #30 (ms) #60 is medically necessary.