

Case Number:	CM15-0071472		
Date Assigned:	04/21/2015	Date of Injury:	04/02/2014
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, California
 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 applicant is a represented 38-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of April 2, 2014. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve requests for Prozac, naproxen, and Protonix. The claims administrator referenced RFA forms of March 4, 2015, March 20, 2015, and March 25, 2015 in its determination, along with a progress note of March 20, 2015. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported 5/10 bilateral knee pain. The applicant reported issues with depressive symptoms which were apparently worsening. The applicant stated that his depressive symptoms were a function of his chronic pain and associated lack of improvement. The applicant did deny suicidal or homicidal thoughts, however. The applicant was working, it was stated in at least one section of the note, despite pain with standing, walking, and negotiating stairs. The applicant was asked to employ naproxen at a heightened dose so as to combat heightened pain complaints. The applicant was returned to regular duty work. Protonix was apparently endorsed as well. The applicant did report issues with heartburn and nausea, it was stated in the review of systems section of the note. In an appeal letter dated March 2, 2015, the attending provider stated that the applicant's ability to stand, walk, negotiate stairs had been ameliorated as a result of ongoing medication consumption. Variable complaints of knee pain ranging from 2-5/10 were reported. On January 20, 2015, the applicant was given prescriptions for naproxen and Norflex. The applicant was returned to regular duty work. There was no mention of the applicant's using Prozac on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine-Prozac 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for Prozac, an SSRI antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Prozac may be helpful to alleviate symptoms of depression. Here, the applicant did report symptoms of depression and anxiety on March 20, 2015. Prozac was apparently prescribed for the first time on that date. Historical progress notes of February 20, 2015 and January 23, 2015 made no mention of the applicant's using Prozac on those dates, suggesting that Prozac had in fact been introduced on the March 20, 2015 progress note at issue. Therefore, the first-time request for Prozac is medically necessary.

Naproxen Sodium - Anaprox 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68; 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for naproxen, an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications do represent the traditional first line of treatment for various chronic pain conditions, including the chronic knee and leg pain reportedly present here. The attending provider did suggest that ongoing usage of naproxen had proven effective in attenuating the applicant's pain complaints and had resulted in the applicant's maintaining full-time, regular duty work status with the same. The applicant's standing and walking tolerance were reportedly ameliorated as a result of ongoing naproxen usage, it was reported. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Pantoprazole-protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Finally, the request for Protonix, a proton pump inhibitor, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. Here, the applicant did report issues with heartburn and nausea in the review of systems section of the March 20, 2015 progress note at issue. Introduction, selection, and/or ongoing usage of Protonix, thus, were indicated here. Therefore, the request is medically necessary.