

Case Number:	CM13-0067669		
Date Assigned:	01/03/2014	Date of Injury:	05/01/1997
Decision Date:	06/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who has submitted a claim for Chronic Pain due to Trauma, Low Back Pain, Facet Arthropathy, Failed Back Surgery Syndrome, Sacroiliitis, and Lumbar Degenerative Disc Disease, associated with an industrial injury date of May 1, 1997. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of moderate to severe back pain radiating to bilateral arms and feet and to the left thigh. Review of systems was negative for anxiety, depression, and insomnia. On physical examination, there was decreased sensation on the deltoid, lateral forearm, and left middle finger. Range of motion of the cervical spine was slightly limited. There was no motor weakness and gait was intact. Psychiatric examination showed that the patient was oriented and her affect was normal. The patient did not exhibit anxiety and had normal insight and judgment with no suicidal ideation. Mood was appropriate. Treatment to date has included cervical medial branch blocks, cervical epidural steroid injection, lumbar transforaminal injection, and medications including Prozac 40 mg 1 PO daily (since April 2013), orphenadrine citrate 100 mg 1 PO BID (since April 2013), Prozac 20 mg 1 PO daily (since April 2014), and Trazodone HCl 50 mg 1-2 PO QHS (since November 2013). Utilization review from November 25, 2013 denied the request for Prozac 40 mg - 1 PO every morning #30 x 1 refill, Orphenadrine citrate 100 mg - 1 PO BID #60 x 1 refill, Prozac 20 mg - 1 PO daily #30 x 1 refill, and Trazodone HCl 50 mg 1-2 tabs PO every night #60. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 PROZAC 40MG, 1 EVERY MORNING, WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Fluoxetine (Prozac), Selective Serotonin Reuptake Inhibitors (SSRIs) for PTSD.

Decision rationale: CA MTUS does not specifically address fluoxetine (Prozac). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that fluoxetine is recommended as a first-line treatment option for major depressive disorder. Selective serotonin reuptake inhibitors are also recommended as first-line choice for treatment of post-traumatic stress disorder. In this case, the patient was being prescribed Prozac since April 2013 (14 months to date); however, there was no documentation of continued functional benefit. Furthermore, the medical records revealed that the patient did not exhibit anxiety or depression and psychiatric examination was unremarkable. There is no clear rationale for continued use of fluoxetine; therefore, the request for 30 Prozac 40mg, 1 every morning, with one refill is not medically necessary.

60 ORPHENADRINE CITRATE 100MG, 1 TWICE A DAY, WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: According to pages 63-66 of the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, Orphenadrine was being prescribed since April 2013 (14 months to date); however muscle relaxants are only indicated for short-term use. There was also no documentation of continued functional benefit. There is no clear rationale for continued use of a muscle relaxant; therefore, the request for 60 Orphenadrine Citrate 100mg, 1 twice a day, with one refill is not medically necessary.

30 PROZAC 20MG, 1 DAILY, WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Fluoxetine (Prozac), Selective Serotonin Reuptake Inhibitors (SSRIs) for PTSD.

Decision rationale: CA MTUS does not specifically address fluoxetine (Prozac). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that fluoxetine is recommended as a first-line treatment option for major depressive disorder. Selective serotonin reuptake inhibitors are also recommended as a first-line choice for treatment of post-traumatic stress disorder. In this case, the patient was being prescribed Prozac since April 2013 (14 months to date); however, there was no documentation of continued functional benefit. Furthermore, the medical records revealed that the patient did not exhibit anxiety or depression and psychiatric examination was unremarkable. There is no clear rationale for continued use of fluoxetine; therefore, the request for 30 Prozac 20mg, 1 daily, with one refill is not medically necessary.

60 TRAZODONE HCL 50MG, 1-2 EVERY NIGHT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: CA MTUS does not specifically address Trazodone (Desyrel). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, Trazodone was being prescribed since November 2013 (7 months to date); however, there was no documentation of continued functional benefit. Furthermore, the medical records showed that the patient did not exhibit insomnia, depression, or anxiety. There is no clear rationale for continued use of trazodone; therefore, the request for 60 Trazodone HCL 50mg, 1-2 every night is not medically necessary.