

<b>Case Number:</b>	CM13-0024863		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/08/1992
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 63-year-old female with a date of injury of 07/08/1992 with the mechanism of injury unclear. A recent clinical assessment for review indicated ongoing chronic low back pain from a report dated 10/11/2013 with treating physician [REDACTED]. At that time, she was noted to be with continued low back complaints with objective findings noted to be "the same." Her clinical diagnoses were the following: (1) fibromyalgia; (2) chronic depression and (3) chronic back pain. Recommendations at that time in the treatment plan were for "the same." Specifics were not noted. Formal clinical imaging was unavailable for review. There was an understanding of medication treatment in this case. At present, there is a request for the continuation of medications in the form of fluoxetine HCl 20 mg dispense #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoxetine HCL 20mg number sixty (60):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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 and Stress Chapter, Fluoxetine.

**Decision rationale:** The California MTUS Guidelines are silent regarding the use of fluoxetine. When looking at ODG criteria, the role of fluoxetine is recommended as a first-line treatment option for major depressive disorder with recommendations not supporting its use for the treatment of chronic pain. While limited clinical records are available for review dating back to the patient's work-related accident of 1992, the last assessment does indicate the diagnosis of chronic depression. Given the patient's underlying diagnosis of chronic depression, the continued use of fluoxetine, a first-line agent for depression, would be medically necessary and indicated