

Case Number:	CM13-0044449		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2008
Decision Date:	08/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 57 year old female with an injury date of 07/07/08. Based on the 09/26/13 progress report provided by [REDACTED], the patient has had a recent flare of her right lower extremity pain. The pain is localized to the right lower leg and foot, primarily at the medial aspect of the right foot at the surgical scar with radiating pain up the lower extremity to the knee. The pain is described as being a burning sensation. She came in for a reevaluation regarding her right lower extremity complex regional pain syndrome type 1, status post two right foot surgeries for peroneal tendon avulsion and sinus tarsi, status post crush injury to the right foot, and chronic pain syndrome with both sleep and mood disorders. The patient's diagnoses included lower limb reflex sympathetic dystrophy, joint pain in the ankle, psychogenic pain and depressive disorder. [REDACTED] is requesting for Prozac 20 mg. The utilization review determination being challenged is dated 10/29/13. [REDACTED] is the requesting provider, and he provided one treatment report from 09/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROZAC 20MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: According to the 09/26/13 report by [REDACTED], the patient presents with a recent flare of her right lower extremity pain. The pain is localized to the right lower leg and foot, primarily at the medial aspect of the right foot at the surgical scar with radiating pain up the lower extremity to the knee. The request is for Prozac 20 mg. The 09/26/13 report states that the patient is still struggling with a lot of anxiety and stopped taking Prozac on her own a few months ago because she felt as though she did not need them anymore. The difficulty with this is that in treating a panic or anxiety disorder, a selective serotonin re-uptake inhibitor like Prozac is necessary to get good long term results. For Anti-depressants, the MTUS page 13-15 states, Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The physician reports of the patient's anxiety and is diagnosed with psychogenic pain and depressive disorder. Therefore the request is medically necessary.