

<b>Case Number:</b>	CM13-0056248		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 & Rehabilitation 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 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 55-year-old male who reported an injury on 01/28/2008. The mechanism of injury was noted to be the patient was trying to lift heavy items while at work. The patient's diagnoses were noted to be cervical disc degeneration, cervical radiculopathy, cervical failed surgery syndrome, status post cervical fusion, and chronic pain, other. The documentation submitted for the requested medication was dated 11/05/2013. The patient was noted to have neck pain that radiated to the bilateral upper extremities. The patient's current medications were noted to be Nucynta ER 150 mg, Power to Sleep, fish oil 1200 mg, simvastatin, Ranitidine, Losartan, and Nucynta. The patient indicated the pain they were experiencing was an 8/10 to 9/10. The patient had constant back pain with radiation to the bilateral lower extremities. The treatment recommendations were noted to include ibuprofen and Nucynta and Prozac as an antidepressant for mild to moderate depression associated with chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg QTY 90.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 107.

**Decision rationale:** California MTUS Guidelines indicate that SSRIs, selective serotonin reuptake inhibitors such as Prozac may have a role in treating secondary depression but are not recommended as a treatment for chronic pain. The clinical documentation submitted for review indicated the patient had not previously been on the medication. However, there was lack of documentation indicating the patient had signs and symptoms of depression as the patient's main complaint was noted to be pain. There was a lack of documentation indicating the patient had a necessity for 90 tablets. Given the above, the request for Prozac 20 mg quantity 90 is not medically necessary.