

<b>Case Number:</b>	CM13-0067739		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 injured worker is a 49 year old female with date of injury 9/3/2009. Date of the UR decision was 11/19/2013. Mechanism of injury was a fall while performing her customary work duties, in which she fell flat on her back and injured her lower back. She received physical therapy, chiropractic treatment, epidural injections and medications for the chronic back pain. Per report dated 3/21/2013, the injured worker was noted to have difficulty with self care, hygiene and problems initiating and maintaining sleep secondary to the chronic pain problems. Report from 8/19/2013 indicated that she complained of constant low back pain rated 7/10 with radiation to bilateral lower extremities. Initial Psychiatric report dated 2/20/2013 indicated that her mood was depressed, affect was constricted. HAM-A score 32 (severe anxiety). Celexa 20 mg daily was initiated per that report for depression and anxiety. Report from 10/02/2013 indicated that she complained of headache and chronic pain. Follow up Psychiatric report from 07/10/2013 listed that the injured worker was unable to tolerate celexa and thus it was discontinued; Fluoxetine 10 mg was recommended to be initiated on that date based on subjective complaints of sad and anxious mood. Diagnosis of Major Depressive disorder, single episode was given per that report. Report dated 8/9/2013 indicated that the injured worker was feeling sad, tired, irritable, crying a lot, had sleeping problems; fluoxetine was increased to 20 mg daily based on that assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoxetine 20 MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain-Antidepressants Page(s): 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The injured worker is a 49 year old female who injured her lower back s/p fall on her back while performing her customary work duties. She has undergone physical therapy, chiropractic treatment, epidural injections and medications for the chronic back pain. Per report dated 3/21/2013, the injured worker was noted to have difficulty with self care, hygiene and problems initiating and maintaining sleep secondary to the chronic pain problems. Report from 8/19/2013 indicated that she complained of constant low back pain rated 7/10 with radiation to bilateral lower extremities. Initial Psychiatric report dated 2/20/2013 indicated that her mood was depressed, affect was constricted. HAM-A score 32 (severe anxiety). Celexa 20 mg daily was initiated per that report for depression and anxiety. Report from 10/2/2013 indicated that she complained of headache and chronic pain. Follow up Psychiatric report from 07/10/2013 listed that the injured worker was unable to tolerate celexa and thus it was discontinued; Fluoxetine 10 mg was recommended to be initiated on that date based on subjective complaints of sad and anxious mood. Diagnosis of Major Depressive disorder, single episode was given per that report. Report dated 8/9/2013 indicated that the injured worker was feeling sad, tired, irritable, crying a lot, had sleeping problems; fluoxetine was increased to 20 mg daily based on that assessment. MTUS states SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. 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 ODG states MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. Based on the submitted documentation, the request for fluoxetine 20 mg is medically necessary due to the injured worker's complaints of depression and anxiety and inability to tolerate the prior SSRI i.e. Celexa.

**PHYSIOLOGICAL CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The injured worker has been receiving Psychiatric treatment for depression and anxiety secondary to chronic pain related to the back injury. Psychotropic medications are being tried for the psychological symptoms. The request for Psychological consultation is not medically necessary at this time. Response to medication treatment to be awaited before a Psychological consultation can be deemed medically necessary.

**Group Psychotherapy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The injured worker has been receiving Psychiatric treatment for depression and anxiety secondary to chronic pain related to the back injury. Psychotropic medications are being tried for the psychological symptoms. The request for group Psychotherapy quantity:#1, is not medically necessary at this time. Response to medication treatment to be awaited before it can be deemed medically necessary.

**INDIVIDUAL PSYCHOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The injured worker has been receiving Psychiatric treatment for depression and anxiety secondary to chronic pain related to the back injury. Psychotropic medications are being tried for the psychological symptoms. The request for Individual Psychotherapy quantity:#1, is not medically necessary at this time. Response to medication treatment to be awaited before it can be deemed medically necessary.