

Case Number:	CM14-0006347		
Date Assigned:	03/03/2014	Date of Injury:	11/14/2004
Decision Date:	07/03/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/16/2014

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 Internal Medicine 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 41-year-old female who reported injury on 11/14/2004. The mechanism of injury was an altercation with a suspect. The injured worker's diagnosis included joint pain, shoulder; cervicgia; shoulder region dis NEC. The injured worker's medications included fluoxetine in 2009. The documentation of 11/07/2013 revealed the injured worker had previously been admitted to a psych hospital secondary to severe depression as a response to chronic pain and treatment delays. The treatment plan included a psychiatric evaluation and treatment. The medications prescribed included Roxicodone 15 mg and transdermal medications. The treatment had included multiple left shoulder surgeries, physical therapy, activity modifications, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOXETINE 20MG #120 - DISPENSED 11/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants in the treatment of chronic pain.

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2009. There was no DWC Form RFA (Division of Workers' Compensation Request for Authorization) or progress report submitted in the supplied documentation for the requested medication. There was a lack of documentation of efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fluoxetine 20mg #120 is not medically necessary.