

Case Number:	CM14-0101867		
Date Assigned:	09/24/2014	Date of Injury:	09/27/2012
Decision Date:	10/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 60-year-old with a reported date of injury on 09/27/2012. The mechanism of injury was not listed in the records. The injured worker's diagnoses included right shoulder impingement syndrome. The treatment plan was not listed in the records. The past treatments included pain medication, physical therapy, pool therapy and surgical intervention. There is no relevant diagnostic testing included in the records. The injured worker had right knee arthroscopy. The subjective complaints on 10/15/2013 included neck pain rated 2/10, right shoulder pain rated 2/10 and right knee pain rated 2/10. Physical examination noted decreased range of motion to the right shoulder and to the right knee. It should be noted that the clinical notes are hand written and difficult to decipher. The medications included tramadol ER, Prilosec, Prozac, Fioricet and topical creams for pain. The treatment plan was to continue medication and to refill the prescriptions. A request was received for Fluoxetine 20 mg #30. The rationale for the request was not provided. The Request for Authorization form was dated 10/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter - Fluoxetine (ProzacA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, SSRIs (Selective Serotonin Reuptake Inhibitors).

Decision rationale: The request for Fluoxetine 20mg #30 is not medically necessary. The California MTUS Guidelines state that selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on control trials. More specifically however, the Official Disability Guidelines state that selective serotonin reuptake inhibitors are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The patient has chronic neck, shoulder, and knee pain. There was no documentation in the notes regarding depression. As the guidelines state, Fluoxetine is not recommended to treat chronic pain. The request is not supported by the guidelines. As such, the request is not medically necessary.