

Case Number:	CM14-0108416		
Date Assigned:	08/01/2014	Date of Injury:	07/19/2002
Decision Date:	10/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation 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 patient is a 55 year old male who sustained an industrial injury on 07/19/2002. According to the PR-2 of [REDACTED] rheumatology, dated 6/13/2014, the patient presents for followup regarding continued complaints of total body pain, chronic fatigue, and problem sleeping. He has no new joint swelling. He reports feeling stable. He started guitar lessons as hand therapy and reports improvement in functionality. He also reports on working on losing weight, walks and runs for exercising. Objectively, there is no new joint swelling, normal neurological examination, no RA deformities, mild trigger point tenderness 12+. The diagnoses are myalgia and myositis NOS, CTS, and TMJ disorders. Treatment plan includes continue flurbiprofen topical, fluoxetine and volteran for FMS. He remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, SSRIs (selective serotonin reuptake inhibitors)

Decision rationale: According to the CA MTUS and Official Disability Guidelines, Fluoxetine is in the class of antidepressants called SSRIs. SSRIs 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. In this case, the medical record do not establish the patient has secondary depression. In the absence of any subjective complaints and correlative clinical findings to support a diagnosis of depression, in conjunction with evidence of clinically significant and chronic pain, the medical necessity of this medication has not been established in accordance with the evidence based guidelines. Therefore, the request is not medically necessary.