

<b>Case Number:</b>	CM14-0015815		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Occupational 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 patient is a 43-year-old female with a date of injury of 11/1/11. The mechanism of injury occurred when the patient developed facial swelling and was eventually admitted to the hospital for an MRSA infection. On 11/1/13, the patient complained of pain which had resulted in increased depression. She is still tearful but is less anxious with Ativan three times a day. The patient has been taking the Prozac (Fluoxetine) and Ativan for more than a year. It was stated that it is medically necessary to continue the medications for her well-being. The diagnostic impression is chronic post-traumatic stress disorder (PTSD), panic disorder without agoraphobia and major depressive disorder. Treatment to date includes medication management, psychotherapy. A UR decision dated 1/28/14, denied the request for Fluoxetine (Prozac) due to lack of clinical information regarding efficacy of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUOXETINE 40MG #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chapter.

**Decision rationale:** The Official Disability Guidelines (ODG) states that Fluoxetine (Prozac) is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of post-traumatic stress disorder (PTSD). The patient has a diagnosis of chronic PTSD and Severe Major Depressive Disorder. The patient has stated that she is less depressed and less anxious with the use of Prozac and Ativan. Therefore, the request for Fluoxetine 40mg #30 is medically necessary and appropriate.