

<b>Case Number:</b>	CM14-0111921		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/30/2006
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 54 year old male with the diagnoses of depression, anxiety, cervicalgia, brachial neuritis, degenerative cervical disc disease, and shoulder pain. The date of injury was not listed. Notes from cognitive behavioral therapy show a Beck Depression Inventory score of 45 which is in the severe range. The injured worker has been maintained on Zoloft, Pamelor, Seroquel, and Ambien for his psychiatric issues until 7-10-2014 when a request appears for Prozac. He has been receiving cognitive behavioral therapy which has been helpful but the injured worker continues to have severe depression. The Prozac request appears from the provider primarily responsible for the injured worker's psychiatric medications. The most recent exam available shows that the injured worker exhibited pressured speech and was anxious and distressed about his chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg; #60:** Overturned

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

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

**Decision rationale:** The Official Disability Guidelines recommend anti-depressants although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression, although one meta-analysis of trials that tested antidepressants versus placebos determined that the differences between antidepressants and placebos were small, especially when active placebos were used, thereby making the patient believe that a true antidepressant was administered through active side effects. In other studies, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. In this instance, the injured worker is receiving both psychotherapy and anti-depressants. It appears that the treating physician (for depression) is making a switch from Zoloft to Prozac. Therefore, Prozac 20 mg #60 is medically necessary.