

Case Number:	CM14-0132965		
Date Assigned:	08/22/2014	Date of Injury:	04/27/1998
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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:

Medical records reflect the claimant is a 59-year-old female with a work related injury dated 4-27-98. The claimant has a diagnosis of shoulder arthropathy, right carpal tunnel syndrome, "RSD" of the upper limb. The claimant is currently being treated with medications. On 5-20-14, the claimant was provided with a right thumb injection. There is a request for Fluoxetine 40 mg #30 with three refills. The claimant is also being prescribed Gabapentin, Tylenol with Codeine #3, Omeprazole, and Ibuprofen 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 40mg, #30 with three (3) refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - anti depressants.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that this type of medication is recommended as a first line option for

neuropathic pain, and as a possibility for non-neuropathic pain. This claimant has shoulder arthropathy, carpal tunnel syndrome, and "RSD" of the upper limb, for which an antidepressant such as Fluoxetine is supported for her ongoing symptom complex. Therefore, the medical necessity of this request is established therefore, this request is medically necessary.