

<b>Case Number:</b>	CM14-0138073		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/05/1994
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 63 year old female with an injury date of 05/05/94. Based on 08/01/14 progress report provided by [REDACTED] patient complains of low back pain on the left side radiating down anterior aspect of left knee and occasionally to left toe. Physical exam to the back reveals decreased lumbar mobility, with tenderness over lumbosacral spine on palpation. Patient is temporarily totally disabled. Medications include Pentazocine/Naloxone, Protonix, Disalcid, Prozac, and Duragesic patch. The patient continues to wait for approval for another lower back surgery. Diagnosis 08/01/14: degenerative disk disease at L1 L2, status post previous multiple surgeries at L2-L5 fusion with retained hardware. depression anxiety obstructive sleep apnea status post urinary tract infection [REDACTED] is requesting Prozac 20mg, #30. The utilization review determination being challenged is dated 08/20/14. The rationale is "there was no mention of an objective severe depression condition occurring on physical exam to support the need for this antidepressant based on the guideline criteria." [REDACTED] is the requesting provider and he has provided treatment reports from 03/12/14 - 08/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** The patient presents with low back pain, depression, anxiety, obstructive sleep apnea and is status post multiple back surgeries. The request is for Prozac 20mg, #30. MTUS on Antidepressants(pgs 13-15) states "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) Radiculopathy: Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. (Dworkin, 2007) Selective serotonin reuptake inhibitors (SSRIs; a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004). The patient has been diagnosed with depression and anxiety and is currently awaiting another back surgery per 08/01/14 progress report. Patient presents with radicular symptoms and chronic pain. Medication may be beneficial in addressing psychological symptoms associated with chronic pain. Recommendation is for approval.