

Case Number:	CM14-0150975		
Date Assigned:	09/19/2014	Date of Injury:	09/30/2002
Decision Date:	12/11/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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 Preventive 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:

According to the records made available for review, this is a 60-year-old male with a 9/30/02 date of injury. At the time (8/22/14) of the Decision for Fluoxetine HCL capsules 40mg 30, there is documentation of subjective (chronic neck, back, and right shoulder pain) and objective (decreased shoulder range of motion and tenderness over cervical as well as lumbar spine) findings, current diagnoses (degenerative disc disease, shoulder degenerative joint disease, and depression), and treatment to date (medications (including ongoing treatment with Fluoxetine, Zoloft, and Oxycodone)). There is no documentation Fluoxetine is used as a first line treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fluoxetine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine HCL capsules 40mg 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 13-16, 107, 72, 24, 29.

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, Fluoxetine Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. California Medical Treatment Utilization Schedule (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that Fluoxetine is recommended as a first-line treatment option for major depressive disorder. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease, shoulder degenerative joint disease, and depression. However, there is no documentation that Fluoxetine is used as a first line treatment. In addition, given documentation of ongoing treatment with Fluoxetine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fluoxetine use to date. Therefore, based on guidelines and a review of the evidence, the request for Fluoxetine HCL capsules 40mg 30 is not medically necessary.