

<b>Case Number:</b>	CM14-0026075		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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, 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 47 year old female with an injury date on 01/28/2008. Based on the 02/10/2014 progress report provided, the patient presents with depression. The listed diagnoses per provider are: Traumatic brain injury and Organic brain syndrome The physician is requesting Prozac 20 mg 2 tablets daily #60 with 6 refill. The utilization review determination being challenged is dated 02/18/2014. The requesting provider has provided treatment reports from 03/07/2013 to 02/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROZAC 20MG 2 TABLETS DAILY #60 WITH 6 REFILLS QTY:360.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** This patient presents with depression secondary to Traumatic brain injury. The treater has asked for Prozac 20 mg 2 tablets daily #60 with 6 refills on 02/10/2014. None of the reports from 03/07/2013, 04/11/2013, 09/19/2013, 11/13/2013 and 02/10/2014 show any

discussion regarding Patient's benefit from the use of antidepressant. There is lack of discussion regarding how the patient is doing with depression either. Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) ODG guidelines support the use of antidepressants for depression as well and Prozac may be indicated in this patient given the patient's injury and depression. However, the treater does not provide any assessment of treatment efficacy. The MTUS page 8 require that the treater provide monitoring of the treatments and in this case, no discussion is provided as to whether or not Prozac is doing anything. Recommendation is for denial.