

<b>Case Number:</b>	CM14-0027964		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Internal Medicine, and is licensed to practice in Arizona. 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:

This is a 35-year-old laborer who had an injury on October 4, 2011, when a pallet and its contents fell onto his head, neck, back and shoulders. He experienced immediate headaches, pain in his neck, shoulders and lower back that have evolved into a chronic pain syndrome. This patient has had an arthroscopic surgery for a torn right shoulder and numerous therapies (for multiple disc bulges), including lumbar epidurals, chiropractic manipulation, physical therapy, acupuncture. He now is chronically taking opiates. This patient's other diagnoses include severe depression, anxiety and insomnia with resultant stress related, irritable bowel disease and gastroesophageal reflux disease. In February 2012 the patient underwent extensive psychiatric assessments (not in the chart, but later summarized in a December 2013 Pain Psychosocial Follow-Up Evaluation). He was found to have an "Adjustment Disorder due to Chronic Pain with Mixed Anxiety and Depressed Mood. He had several follow up visits with varying adjustments in his medication and doses. He clearly was taking Fluoxetine prior to June 2013. In June, he stated that he was doing better with the regimen, though the depression was still present. He additionally was suffering with poor sleep. The dosing of his Fluoxetine was increased. He was given Ativan for sleep and Buspar for anxiety. At the follow-up visit in December 2013 the patient was taking Mirtazapine 15mg and was no longer on the Fluoxetine, stating that "he did not receive medication at the last visit" (the reason for this was not clarified). He stated that he felt very depressed and anxious and was having interrupted sleep. The patient underwent repeated psychiatric testing. His Beck Inventory score was 24, which is consistent with moderate depression and seemingly matched the score he had on his initial assessments in December 2012, before he was placed on the 30 mg of Fluoxetine (which he no longer was taking, because he no longer had an active prescription). No psychosocial assessment has been documented subsequent to that visit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUOXETINE 20MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines clearly allows the usage of antidepressants for the treatment of chronic pain, both for its analgesic properties and its antidepressant effect. This patient clearly has a need for an antidepressant, but Tricyclic antidepressants (TCA's) are recommended as a first line option in neuropathic pain, especially if there is also insomnia, anxiety or depression. Serotonin Norepinephrine Reuptake Inhibitors (SNRI's) are generally felt to be second line therapy, unless there are clear cut intolerances to the TCA's. The Serotonin Selective Re-uptake Inhibitors (SSRI's) such as Fluoxetine have no known analgesic benefit. Its main role is for addressing psychological symptoms associated with chronic pain. More information is needed on this class. The medical records on this patient do not make mention as to whether a TCA or SNRI have been tried and thus this request for Fluoxetine is deemed to not be medical necessary. Admittedly, the initial December 2012 Psychosocial assessment is not available for review. Prescribing with a TCA or a SNRI is the correct starting place and only if they are found to not be effective or not tolerated, would a repeat prescription of Fluoxetine be indicated. The records show that this patient is suffering from moderate depression and an antidepressant is being recommended by the psychosocial team who has evaluated him on several occasions. The request for Fluoxetine 20mg, thirty count, is not medically necessary or appropriate.