

<b>Case Number:</b>	CM14-0037385		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on February 20, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 19, 2014, indicates that there are ongoing complaints of lumbar spine pain, which has been stated to be increased. There was reported radiation into both lower extremities on the right side greater than the left. The physical examination demonstrated a well-healed midline incision over the lumbar spine. There was tenderness deep to the incision as well as over the paraspinal muscles. There was marked guarding with movement. The neurological examination noted hypesthesia the dorsum of the left foot and the lateral aspect of the left leg. There was a positive bilateral straight leg raise test at 80. Diagnostic imaging studies reported a pseudoarthrosis at L5 - S1. Previous treatment includes previous lumbar spine surgery (times 2). A request had been made for Prozac and was not certified in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg twice a day #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitor Antidepressant Page(s): 74, 78, 93.

**Decision rationale:** Prozac is a selective serotonin reuptake inhibitor antidepressant. The Chronic Pain Medical Treatment Guidelines notes that selective serotonin reuptake inhibitors are not recommended for the treatment of chronic pain, but may be beneficial for the treatment of psychosocial symptoms associated with chronic pain. Based on the clinical documentation provided, it is unclear if this medication is being utilized to treat reactionary depression/anxiety secondary to the chronic pain or not. The most recent progress note dated March 19, 2014 does not contain a diagnosis of depression or anxiety. As such, this request for Prozac is not medically necessary.