

Case Number:	CM14-0037962		
Date Assigned:	07/18/2014	Date of Injury:	08/02/2012
Decision Date:	09/24/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/29/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57-year-old female who reported an injury on 08/02/2012. The mechanism of injury was a fall. The diagnoses included cervical myalgia/myofasciitis, cervical multilevel herniated nucleus pulposus, and internal derangement of the left shoulder, left shoulder labral tear, thoracolumbar myofasciitis, and lumbar myalgia/myofasciitis. Previous treatments included medications, injections, and acupuncture. Diagnostic testing included an MRI. Within the clinical note dated 03/27/2014, it was reported the injured worker complained of pain in the lower back. She rated her pain 8/10 in severity. The injured worker complained of neck pain rated 6/10 in severity. The injured worker also complained of mid back pain, upper back pain, left shoulder pain, and right wrist and hand pain. She complained of pain in the right knee and right ankle. The injured worker complained of headaches in the occipital area every day. On the physical examination, the provider noted the injured worker had tenderness to palpation over the entire body. The provider noted the injured worker had tenderness on the right side of the neck, medial border of the right scapula, and midline and lower thoracic spine. The provider noted the injured worker had severe tenderness in deep palpation of the left trochanteric bursa and to the lesser degree in the right. The provider noted the injured worker's cervical range of motion was flexion at 50 degrees and extension at 60 degrees. The provider noted the lumbar range of motion was flexion at 60 degrees and extension at 25 degrees. The request submitted is for Prozac. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #30 to Allow for Weaning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the injured worker is treated for or diagnosed with neuropathic pain. Therefore, the request for Prozac 20 mg #30 is not medically necessary.