

Case Number:	CM14-0038139		
Date Assigned:	06/25/2014	Date of Injury:	06/28/1993
Decision Date:	07/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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:

The patient is a 63 year old male who was injured on 06/28/1993. The mechanism of injury is unknown. Progress report dated 02/21/2014 states the patient complained of low back pain. On exam, there is tenderness to palpation of bilateral SI joint tenderness and lumbar paraspinal tenderness. He has pain with lateral bending, pain with lateral rotation, positive straight leg raise. There is spasm of the left lumbar paraspinals. The patient reported to be in more pain. Diagnoses are lumbago, osteoarthritis, osteoarthrosis, peripheral neuropathy and tear of cartilage of meniscus of the knee. The treatment and plan included Oxycontin ER 20 mg, Ambien 5 mg, Prozac 20 mg, Lasix 40 mg, Neurontin 300 mg, Demerol solution 100 mg, and knee brace for the right leg with metal supports. The patient has been taking Prozac since 12/20/13 without any improvement in symptoms. Prior utilization review dated 02/27/2014 states the request for Prozac 20 mg is not authorized as there is no new information concerning the claimant's treatment progress. The patient should have been weaned off this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg: 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, pages 13-16 Page(s): 13-16.

Decision rationale: According to MTUS guidelines, SSRI's such as Prozac may be recommended for chronic pain, though efficacy is unclear. However, medical records do not document any improvement in pain, function, or depression symptoms secondary to use of Prozac. Medical necessity has not been established.