

Case Number:	CM14-0042501		
Date Assigned:	06/30/2014	Date of Injury:	08/13/2003
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 64 year old male who reported an injury to his lumbar region on 04/21/11. The clinical note dated 05/04/12 indicates the injured worker having previously undergone a decompressive laminectomy at L2-3 and L3-4 in April 2011. An additional surgery was completed on 02/17/12 regarding the placement of a cardiac stent. The note indicates the injured worker having complaints of intermittent low back discomfort with no radiating pain. The note indicates the injured worker utilizing Norco and Kadian at that time for pain relief. The clinical note dated 04/08/13 indicates the injured worker utilizing Wellbutrin, Prozac, Kadian and Norco. The note indicates the injured worker's use of Prozac started in 2005. The injured worker continued to report constant pain and is unable to complete his activities of daily living. The injured worker also reported ongoing depressive symptoms. The injured worker reported moderate to severe low back pain at that time. The clinical note dated 02/21/14 indicates the injured worker continuing with use of Fluoxetine. The note indicates the injured worker having complaints of lumbosacral pain. The clinical note dated 03/21/14 indicates the injured worker continuing with lumbosacral pain. No significant changes were identified with the injured worker's drug regimen. The utilization review dated 04/01/14 resulted in a denial for the use of Fluoxetine as no evidence of neuropathic pain had been identified in the clinical notes. No significant improvement was identified with the continued use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRI's) Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: The request for Fluoxetine 20mg #90 is not medically necessary. The documentation indicates the injured worker having utilized this medication since 2005 with continued complaints of depression and low back pain. No information was submitted regarding the injured worker's specific findings of neuropathic related pain. Additionally, no information was submitted regarding the injured worker's objective functional improvement with the use of Fluoxetine in terms of depressive symptomatology. Therefore, this request is not indicated as medically necessary.