

Case Number:	CM14-0079942		
Date Assigned:	07/18/2014	Date of Injury:	12/07/2009
Decision Date:	10/07/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 39-year-old male was reportedly injured on December 7, 2009 due to slipping while trying to get into the work truck. The most recent progress note, dated April 14, 2004, indicates that there are ongoing complaints of pain and numbness in the right lower extremity rated at 3/10. The physical examination demonstrated tenderness over the lumbar spine paravertebral muscles and decreased sensation at the right lower anterior leg. There was decreased lumbar spine range of motion and a negative straight leg raise test. Diagnostic imaging studies of the lumbar spine showed a fusion from L3-S1. Previous treatment includes lumbar spine surgery and physical therapy. A request had been made for Prozac 20 mg and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg 1 tab per mouth daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The California MTUS supports the use of antidepressants in chronic pain management and also recommends tricyclics as a first-line agent. Prozac is not a tricyclic antidepressant but is rather an SSRI. The attached medical record does not state that there has been a trial of a previous tricyclic antidepressant and concluded that it has been ineffective, poorly tolerated, or contraindicated. As such this request for Prozac is not medically necessary.