

Case Number:	CM14-0091738		
Date Assigned:	07/25/2014	Date of Injury:	03/09/2011
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/17/2014

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 Management 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:

According to the records made available for review, this is a 45-year-old female with a 03/09/11 date of injury. On the decision date of 05/21/14 for Fluoxetine HCL 20mg #30, there is documentation of subjective severe low back pain and objective positive bilateral straight leg raising test, Milgram's test, and decreased range of motion of the lumbar spine with pain finding. The current diagnoses are: secondary stress, anxiety, and depression, and treatments to date include medications Fexmid, Norco, Valium, Dulcolax, and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine HCL 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) and Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Fluoxetine.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic

pain, but may have a role in treating secondary depression. The ODG identifies that Fluoxetine is recommended as a first-line treatment option for major depressive disorder. Within the medical information available for review, there is documentation of diagnoses of secondary stress, anxiety, and depression. Therefore, based on guidelines and a review of the evidence, the request for Fluoxetine HCL 20mg #30 is medically necessary.