

<b>Case Number:</b>	CM14-0091975		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 year-old female who was injured on The patient continued to experience pain in his lower back and depression. Physical examination was notable for normal reflex, motor, and sensory testing to the bilateral upper and lower extremities, negative bilateral straight leg raises, and decreased range of motion. Diagnoses included multilevel herniated disc lumbar spine, depression, and lumbosacral instability. The patient stated that he was feeling better with improved sleep, and activity. Treatment included medications, physical therapy, psychology evaluation and management and surgery. Request for authorization for fluoxetine 20 mg # 60 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoxetine 20mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16-107.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress, < Antidepressants for treatment of MDD (major depressive disorder)

**Decision rationale:** Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) antidepressant. Antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. They are not recommended for mild symptoms. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. In addition to the SSRIs, other anti-depressant medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and venlafaxine. In this case the request for the increasing the fluoxetine to 40 mg twice daily was accompanied by the request to add the antidepressant bupropion to the treatment plan. Medication adjustment/addition should take place one at a time so that the efficacy of the change in treatment can be accurately determined. In addition medical necessity for more medication is not supported by the documentation in the medical record. The medical record states that the patient's symptoms were improving prior to the request for additional medication. Medical necessity has not been established. The request should not be authorized.