

<b>Case Number:</b>	CM14-0153293		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, insomnia, and psychogenic headaches reportedly associated with an industrial injury of May 30, 2008. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for Prozac, citing a paucity of supporting information on the part of the attending provider. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS did address the topic. The claims administrator stated that its decision was based on an August 21, 2014 progress note. The applicant's attorney subsequently appealed. In a psychiatry progress note dated October 7, 2014, the applicant reported issues with a depressed mood. The attending provider stated that the applicant was stable with medications and was reportedly sleeping better as a result of sleeping medications. The applicant was given prescriptions for Ambien and Prozac. The applicant was given a primary diagnosis of major depressive disorder. The applicant did have residual issues with depressed mood, sleeplessness, anxiety, nervousness, it was suggested. It appeared that various dietary supplements, including Gaboxetine, Sentra, Theramine, and GABA done, and Gabazolamine, were also endorsed. On September 9, 2014, the attending provider again stated that the applicant's mental health issues were stable following introduction of psychotropic medications, despite the fact that the applicant's father had passed away. Ambien and Prozac were renewed. The applicant's work status was not outlined. In a highly template note dated July 14, 2014, the attending provider stated that the applicant felt less depressed than previously following introduction of Prozac. The applicant was reportedly stable with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoxetine 10mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp, 12th edition, Pain, SSRIs (selective serotonin reuptake inhibitors)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted on page 402 of the ACOEM Practice Guidelines, antidepressants such as fluoxetine (Prozac) "may be helpful" to alleviate symptoms of depression, as are/were present here. In this case the attending provider's progress notes, while highly template, do suggest that the applicant is deriving appropriate improvements in mood as a result of ongoing fluoxetine usage. The applicant was consistently described as stable and less depressed following introduction of Prozac. The applicant did seemingly report some attenuation in depressive symptoms following introduction of Prozac. Continuing the same, on balance, was therefore indicated. Therefore, the request was medically necessary.