

Case Number:	CM14-0156158		
Date Assigned:	09/25/2014	Date of Injury:	10/05/1994
Decision Date:	04/08/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 49 year old male, who sustained an industrial injury on 10/5/94. The injured worker has complaints of chronic, severe, intractable low back and left lower extremity radicular pain with numbness and tingling. The injured worker has a fair amount of anxiety and depression, which he feels is related to this work injury. The diagnoses have included gastroesophageal reflux disease; postlaminectomy syndrome lumbar region and anxiety depression. The documentation noted that the injured worker has had 2 back surgeries including lumbar fusion in 1995. He has had failed anti-convulsant and anti-depressant medication. According to the utilization review performed on 9/18/14, the requested Prozac 20mg #30 x 3 refills, as an outpatient for depressive disorder has been non-certified. The documentation noted on the utilization review that this medication be continued, but since there is a generic available, it is recommended that a generic substitution be made. Official Disability Guidelines Workers Compensation Drug Formulary was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #30 x 3 refills, as an outpatient for depressive disorder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological

Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk reference 68th ed, www.RxList.com, Official Disability Guidelines Workers compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator-AMDD Agency Medical Directors" Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable), Clinical Evidence; BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com; Section: Mental Health; condition: Depression in Adults: drug and other physical treatments.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain-Antidepressants Page(s): 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors) Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG states "MDD (major depressive disorder) treatment, severe presentations: The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." Injured worker has been diagnosed with Depressive disorder NOS and Pain disorder associated with psychological features, for which Prozac is being prescribed. It has been indicated that the mood has been stable with the psychotropic medication. He is awaiting epidural injection and awaiting decision of nerve stimulator. The use of Prozac for treatment of depression due to chronic pain is clinically justified. The request for Prozac 20mg #30 x 3 refills, as an outpatient for depressive disorder is medically necessary. We respectfully disagree with UR physician's decision.