

Case Number:	CM14-0181733		
Date Assigned:	11/06/2014	Date of Injury:	07/30/2006
Decision Date:	06/26/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/02/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male injured worker suffered an industrial injury on 07/30/2006. The diagnoses included depressive disorder and post-concussive syndrome. The injured worker had been treated with medications. On 9/15/2015 the treating provider reported depression, lack of motivations, restlessness, tension, suspicion, agitation, panic attacks, inability to relax, fear that people were following him, pessimism, diminished self-esteem, emptiness and inadequacy, paranoia and fear of being monitored. On exam the injured worker had depressed facial expressions, visible anxiety and overly loud. There was functional improvement in that he can comprehend TV and reported he was spending less time in bed. The treatment plan included Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg (unknown quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Mental Illness & Stress, Anti-depressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain and depression. His depression is being managed by a psychiatrist. Medications being prescribed include sertraline, Seroquel, Pamelor, and Prozac. There are no reported adverse medication side effects or interactions. Anti-depressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Prozac is a selective serotonin reuptake inhibitor (SSRI) which is a class of antidepressant that inhibits serotonin reuptake without action on noradrenaline. Many treatment plans start with an SSRI medication because of demonstrated effectiveness and less severe side effects. The main role of an SSRI may be in addressing psychological symptoms associated with chronic pain. The requested Prozac dosing is within guideline recommendations and therefore is medically necessary and appropriate.