

<b>Case Number:</b>	CM14-0202670		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/13/2006
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Family Practice and is licensed to practice in Colorado. 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:

48 year old male with date of injury 7/13/2006 continues treatment with multiple physicians. Patient experienced work- related injury when he was turning and felt a pop in his back followed by pain. He has continued with low back pain radiating to his legs despite 2 back surgeries (L3-L4 and L4-L5 Right hemilaminectomy in 2007 and L3-L4 and L4-L5 laminectomy with interbody fusion and hardware placement in 2011). Patient has also developed bowel and bladder incontinence related to his work injury, had a stroke related to his work injury, and experiences gastrointestinal distress with his treatment medications. Patient has comorbid Depression and Anxiety and continues in Cognitive Behavioral Therapy with a Psychologist for that. Patient medication regimen includes Norco and non-steroidal anti-inflammatory drug as well as Prozac, Ativan, and Remeron. The treating physician requests Independent Medical Review for denial of Prozac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 9,13-15,24,63-64,66,68-69,74,78-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pain Interventions and Treatments. Page(s): 24, 13-16.

**Decision rationale:** Per the MTUS Guidelines, antidepressants can be considered first line treatment for neuropathic pain and possible option for treatment for non-neuropathic pain. Tricyclic antidepressants are the recommended first option for treatment of pain with antidepressant and should be used unless ineffective or not tolerated/contraindicated. Pain relief with antidepressants may occur within a few days to 1 week, though any antidepressant effect would take longer to occur. As with other treatments for pain, efficacy should be assessed regularly when using antidepressants. The following aspects associated with pain relief should be addressed: Pain reduction, Improvement in function, Changes in need for other pain medications, Sleep quality and quantity, Psychiatric evaluation, Side effects, especially those that may affect job performance. Long term efficacy of anti-depressants in treatment of pain is not known, and antidepressants in combination with other medications for pain have no quality evidence to support use. The records supplied for the patient of concern do not indicate that patient has tried and failed a course of Tricyclic antidepressants. Furthermore, no documentation is supplied that addresses each issue above as it relates to the antidepressant therapy (function and changes in need for other medications specifically, and side effects not discussed). It is also unclear in the record if the patient is taking the Prozac only for pain, or also for depression, which is a documented diagnosis for the patient. If the Prozac is being used for treatment of depression, there is no discussion as to its efficacy for that either. As there is no documentation of objective assessment of the efficacy of Prozac for pain or depression, the Prozac is not medically indicated. Antidepressants, including Prozac, should not be abruptly discontinued.