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| <b>Case Number:</b>   | CM15-0000070 |                              |            |
| <b>Date Assigned:</b> | 01/09/2015   | <b>Date of Injury:</b>       | 12/05/2013 |
| <b>Decision Date:</b> | 03/09/2015   | <b>UR Denial Date:</b>       | 12/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2014 |

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male who sustained a work injury on 12/05/2013. He was walking down a step when the step broke and he lost his balance. He fell through at a height of approximately 2 feet. He hit the ground and fell to his left side, his right side and the front. He experienced a pinch, pain and swelling in the left knee immediately. He was treated initially with a brace and medication. Diagnoses included left anterior cruciate ligament instability of 2 + clinically, left knee medial meniscus tear, anxiety and depression, insomnia and MRI reading apparently showing an occult fracture of the condyle. Currently the injured worker (IW) complains of psychological trauma secondary to his work related injuries. Physical complaints include burning sensation, pins and needles in the anterior aspect of the left knee. On 12/01/2014 the IW presented with weakness in his left knee. He was 3 months post left knee surgery and had been going to physical therapy. He was also using a stationary bicycle. Current medications include Norco, Prilosec, topical creams and Xanax. The provider requested Prozac 20 mg # 60 for depression. On 12/19/2014 utilization review non-certified the request for Prozac noting that review of medical documentation did not support treatment with an SSRI class of medication at this time. The reviewed medical note of 12/01/2014 mentions a subjective complaint of claimant feeling depressed without any accompanying observation and mental status examination to support the claim. MTUS Guidelines were cited. On 12/31/2014 the injured worker submitted an application for IMR for review of Prozac request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg (unspecified quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments Page(s): 15-16. Decision based on Non-MTUS Citation Pain, Prozac

**Decision rationale:** MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate the patient has neuropathic pain or failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. ODG states "Fluoxetine (Prozac, generic available): Also approved for major depressive disorder, OCD and premenstrual dysphoric disorder. Dosing information: 20-60 mg daily." The medical records fail to document signs and symptoms of depression. There is a diagnosis in the record of depression but nothing more. There is no documentation of neuropathic pain. As such, the request for Prozac 20mg Quantity not specified is not medically necessary.