

<b>Case Number:</b>	CM15-0002350		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/08/2005
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 68 year old female, who sustained an industrial injury on 06/08/2005. The diagnoses have included lumbago, lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy and lumbar radiculitis. On physicians visit 11/24/2014 the IW complains of lower back pain with radiation to right lower extremity. She reported her Prozac was improving her mood, which was affected by her chronic pain. It was also noted that she had failed Lexapro previous to trialing Prozac. Physical examination included slow but normal gait, positive facet loading on right side of back, positive general tenderness of the lumbosacral area and sacroiliac joint (right side) with good range of motion and sensory deficits in the L4-5 dermatomes of the right lower extremity. Treatment plan included refills of prescription refill and a bilateral lower extremity electromyography and L spine MRI. On 12/04/2014 Utilization Review non-certified bilateral lower extremity EMG and modified Prozac 20mg #30 with 2 refills. The MTUS, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lower extremity EMG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there seemed to be clearly demonstrated L4-5 nerve root impingement based on subjective and objective evidence (physical examination findings) and therefore, there is likely to be no benefit to confirming this with nerve testing. Therefore, the nerve testing for the lower extremities will be considered medically unnecessary.

**Prozac 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, she was taking Prozac primarily for the purpose of treating depression related to her chronic pain, which reportedly was helping to improve her mood consistently. The continuation of this medication seems medically necessary and reasonable.