

<b>Case Number:</b>	CM15-0007731		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/21/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 51 year old male, who sustained an industrial injury on 4/1/09. He has reported low back pain. The diagnoses have included sprain/strain of back and sprain/strain lumbar region. Treatment to date has included medications (including Prozac 20 to 30 mg for five years), acupuncture and epidural injections. (MRI) magnetic resonance imaging dated 9/13/13 revealed disc desiccation L4-5 and L5-6, straight lordosis, hemangioma L5 vertebral body and 1mm disc bulge L5-S1. Currently, the IW complains of feeling stressed from the constant pain, along with poor sleep quality and diminished concentration. Physical exam noted decreased sensation right lateral thigh, leg and plantar and lateral foot, spasms of bilateral lower lumbar spine with limited range of motion of lumbar spine region. On 12/24/14 Utilization Review non-certified a prescription for unspecified dose and quantity of Prozac, noting there were no records from the prescribing psychologist and it is unclear what dose of the medication is being requested. The MTUS, ACOEM Guidelines was cited. On 1/12/15, the injured worker submitted an application for IMR for review of Prozac, unspecified dose and quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac (unspecified dosage and quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/prozac-drug.htm>

**Decision rationale:** Prozac is a selective serotonin reuptake inhibitor indicated in case of depression. There is no clear objective documentation of functional gains supporting the patient's claim that his depression symptoms are helped with Prozac. Prozac was used for 5 years and yet the patient still complains of depression, feeling stressed from the constant pain, along with poor sleep quality and diminished concentration. Therefore, the request for Prozac (unspecified dosage and quantity) is not medically necessary.