Case Number:	CM15-0139508		
Date Assigned:	07/29/2015	Date of Injury:	08/03/2012
Decision Date:	09/22/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female who sustained an industrial injury on 08/03/2012. According to a progress report dated 05/07/2015, chief complaints included right posterior neck pain, bilateral headaches, right lower back pain, probable constipation from meds and/or stress, bilateral right shoulder pain, hypertension, post-traumatic anxiety and depression and insomnia. Diagnoses included cervicobrachial syndrome, headaches, asymmetrical facet syndrome, spasm of muscles, sacroiliitis, probable constipation from meds and-or post- traumatic stress, right shoulder tenosynovitis, probable posttraumatic hypertension, post-traumatic anxiety and depression and probable posttraumatic insomnia. The injured worker reported improvement in her depression and anxiety symptoms but continued to rate her depression and anxiety symptoms approximately 9 on a scale of 1-10. After discussing the benefits that had happened, the provider increased Prozac to twice a day with 60 additional tablets dispensed. The provider's professional opinion was that the injured worker suffered from profound depression, which was likely as a result of protracted and unremitting pain. The severity of her depression likely impeded success of her medical treatment. The injured worker remained temporarily totally disabled. Currently under review is the request for Prozac 20 mg #60 and office visit follow up in 4 weeks. Documentation shows that the injured worker was started on Prozac 20 mg 1 tablet every day #60 dispensed for neuropathic pain and depression on 04/23/2015.

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 Antidepressants for Chronic Pain Page(s): 13, 14, and 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Antidepressants and Stress/Mental, under antidepressants.

Decision rationale: This claimant was injured over three years ago, with multi-area pain complaints and insomnia. The records note there are also depression and anxiety symptoms at 9 out of 1-10 regardless of treatment. The doctor increased the Prozac. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. The request is not medically necessary.

Office visit follow up in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain (updated 06/15/15) Online Version, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits.

Decision rationale: As shared previously, this claimant was injured over three years ago, with multi-area pain complaints and insomnia. The records note there are also depression and anxiety symptoms at 9 out of 1-10 regardless of treatment. The doctor increased the Prozac. Regarding office visits, the MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the reason for the visit, to follow up on the Prozac, was not certified, and so the follow up visit would not be necessary. Further, it is not clear what functional objective improvements are being achieved, and what would be added by a repeat office visit. The request is not medically necessary.