

Case Number:	CM15-0139750		
Date Assigned:	07/29/2015	Date of Injury:	02/27/2006
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male sustained an industrial injury on 2/27/06. He subsequently reported back pain. Diagnoses include lumbar myoligamentous injury, herniated nucleus pulposus at L4-5 and L5-S1 and left lower extremity radiculopathy. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience low back pain. Upon examination of the lumbar spine, there is tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points which are palpable and tender throughout the lumbar paraspinal muscles. There is decreased range of motion with obvious muscle guarding. Examination of the right elbow reveals tenderness along the lateral epicondylar region. A request for Prozac 20mg #60 BID PRN was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #60 BID PRN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant sustained a work injury in February 2006 and continues to be treated for back pain. He is also being treated for depression. Antidepressants have included Lexapro, buspirone, and Wellbutrin. As of March 2015 Prozac was being prescribed. When seen, he was having abdominal pain and a fever after being treated for appendicitis three months before. He was having back pain radiating into the lower extremities. Physical examination findings included decreased lumbar spine range of motion with muscle guarding, tenderness, and trigger points. There was decreased left lower extremity sensation with positive straight leg raising. There was right lateral epicondyle tenderness and pain with resisted wrist flexion. Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Prozac is a selective serotonin reuptake inhibitor (SSRI) which is a class of antidepressant that inhibits serotonin reuptake without action on noradrenaline. The main role of an SSRI may be in addressing psychological symptoms associated with chronic pain. Although a tricyclic antidepressant is generally considered as a first line agent, many treatment plans start with an SSRI because of demonstrated effectiveness and less severe side effects. However, in this case, the claimant has previously been prescribed anti-depressant medications including Lexapro, another SSRI. There is no rationale given as to why a different SSRI is being prescribed or reason for changing the claimant's antidepressant medication. The request was not medically necessary.