

<b>Case Number:</b>	CM15-0180588		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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:

The injured worker is a 56 year old female, who sustained an industrial injury on February 18, 2011. She reported multiple injuries after a large tree fell on her. Her current diagnoses included posttraumatic stress disorder, anxiety disorder, depression and chronic pain syndrome. Treatment to date has included diagnostic studies, surgery, physical therapy, psychologist consultation and medication. On July 29, 2015, the injured worker complained of ongoing right-sided neck and shoulder pain, right-sided hip and back pain, knee pain and ongoing pain in her right foot. Her pain was rated as an 8 on a 1-10 pain scale at best, a 4 on the pain scale with medications and a 10 on the pain scale without them. She reported 50% reduction in pain and functional improvement with medications versus not taking them at all. She reported ongoing issues of anxiety and depression related to her industrial injury. The injured worker denied any suicidal ideation. Her anxiety disorder and depression were noted to be stable with Ativan and Prozac medication. The treatment plan included refills of Norco, Ambien, Prozac, Ativan, Neurontin, Phenergan, Senokot and Lidoderm patch. On August 11, 2015, utilization review denied a request for Prozac 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 2011 when she was struck by a large falling tree. She continues to be treated for chronic pain with secondary posttraumatic stress disorder, anxiety, and depression. Celexa was being prescribed as of 03/12/15. On 07/02/15, she had stopped taking Celexa and had recently started taking Brintellix for chronic anxiety and depression. On 07/29/15, physical examination findings included decreased right shoulder, knee, and lumbar range of motion. There was right knee swelling with positive patellar compression testing. There was right trochanteric and right shoulder subacromial tenderness. There was right shoulder crepitus and positive impingement testing. There was decreased right lower extremity sensation with and absent ankle reflex. Recommendations included resuming medications. Prozac was prescribed. In the treatment of major depression, many treatment plans start with a selective serotonin reuptake inhibitor (SSRI) because of demonstrated effectiveness and less severe side effects. Most studies point to superior outcomes with this class of medications. In this case, the claimant has a diagnosis of major depressive disorder with symptoms of depression and continued prescribing of an antidepressant is medically necessary. From the documentation submitted, it appears that the intent was for her to continue taking Celexa and this request for Prozac is considered to be in error as there is no rationale given as to why a different SSRI would be prescribed when Celexa had previously been effective. For this reason, the request cannot be considered as being medically necessary.