

<b>Case Number:</b>	CM15-0187184		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/18/2000
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 18, 2000. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for Prozac and Lidoderm patches. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant reported ancillary complaints of depression. The applicant had two failed lumbar spine surgeries, it was reported. The applicant also had comorbidities including hypothyroidism, it was reported. Low back complaints were described as severe, the treating provider reported. Methadone, Norco, Valium, Prozac, Lidoderm patches, Levoxyl, and Cytomel were all seemingly renewed, as were the applicant's permanent work restrictions. The applicant was described as having ongoing issues with a depressed mood present. No seeming discussion of medication efficacy transpired insofar as Prozac was concerned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg one orally three times a day QTY: 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** No, the request for Prozac, an SSRI anti-depressant, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anti-depressants such as Prozac may be helpful in alleviating symptoms of depression, as were seemingly present here. This recommendation, is however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, no seeming discussion of medication efficacy transpired insofar as Prozac was concerned on the August 12, 2015 office visit at issue. The applicant was described as having ongoing issues with a depressed mood present on that date. The attending provider failed, in short, to identify meaningful improvements in mood or function achieved as a result of ongoing Prozac usage (if any) on that date. Therefore, the request was not medically necessary.

**Lidocaine patch 5% on 12 and off 12 QTY: 1 box:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Similarly, the request for lidocaine patches was likewise not medically necessary, medically appropriate, or indicated here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with anti-depressants and anti-convulsants. Here, however, the August 12, 2015 office visit at issue made no mention of the applicant's having previously tried and/or failed anti-depressant adjuvant medications or anti-convulsant adjuvant medications prior to the introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.