

Case Number:	CM15-0197813		
Date Assigned:	10/16/2015	Date of Injury:	01/20/2006
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 1-20-2006. The injured worker was being treated for lumbosacral radiculitis, lumbar post-laminectomy syndrome, sacroiliitis, not elsewhere classified, and constipation. Treatment to date has included lumbar spinal surgery in 2009, spinal cord stimulator trial, injection right lateral femoral cutaneous nerve 5-06-2015 and 6-19-2015, and medications. On 8-17-2015, the injured worker complains of ongoing pain in the upper and lower back, throughout her lower extremities, and in her feet, rated 7 out of 10 (8 out of 10 on 7-20-2015). She had a history of numbness and dysesthetic pain in both anterolateral thighs, consistent with Meralgia Paresthetica, "verified by nerve tests". Her present medications were documented as "effective and necessary", noting that they provide "functional gains in substantially assisting her ADL's, mobility, and restorative sleep, contributing to her quality of life". She reported that pain levels without medications were 9 out of 10, reduced by 30% with medications. Medication side effects were constipation from Norco and somnolence from Gabapentin. A review of symptoms was positive for depression and sleep disturbance. Medications included Alprazolam, Amitiza, Amitriptyline, Carisoprodol, Cyclobenzaprine, Cymbalta, Doc-Q-Lace, Fluoxetine, Gabapentin, Ibuprofen, Lidoderm patch, Metformin, Miralax, Norco, Percocet, and Tramadol. Physical exam (psychiatric) noted orientation to person, place and time, "normal" mood and affect, and active and alert. The use of Fluoxetine was noted since at least 12-2014. The treatment plan included Fluoxetine 20mg #30, non-certified with weaning recommended by Utilization Review on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Prozac (Fluoxetine), a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic 2006 injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered since at least December 2014. The Fluoxetine 20mg #30 is not medically necessary and appropriate.