

Case Number:	CM15-0198452		
Date Assigned:	10/13/2015	Date of Injury:	01/05/1993
Decision Date:	11/24/2015	UR Denial Date:	09/07/2015
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: 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 year old male, who sustained an industrial injury on January 5, 1993, neuropathic pain secondary to an inguinal hernia repair. He had continuous pain in the right groin at the surgical site. He noted left hip pain and tenderness at the hip joint. Treatment included pain medications, anti-anxiety medications, antidepressants, psychotherapy, and activity restrictions. Currently, the injured worker complained of low back pain and intense nerve pain radiating down into his right groin with burning and tingling sensation. He noted severe depression and suicidal thoughts secondary to this pain. He noted his use of medications decreased his pain from 8 out of 10 to 4 out of 10 on a pain scale from 0 to 10. With the use of medications, the injured worker was able to exercise more and have better social relationships and better with psychological issues. Without medications he was in constant pain and unable to do many activities of daily living including dressing and grooming himself. He would become withdrawn with increased anger episodes with family and friends. He was diagnosed with chronic neuropathic pain status post inguinal herniorrhaphy and major depression. The treatment plan that was requested for authorization on October 8, 2015, included a prescription for Prozac 20 mg #30. On September 8, 2015, a request for a prescription for Prozac was non-certified by utilization review.

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 Stress-Related Conditions 2004, Section(s): General Approach, Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress. Antidepressants for treatment of MDD (major depressive disorder). 2015.

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 Chapter/Fluoxetine (Prozac®) Section.

Decision rationale: MTUS guidelines do not address the use of Prozac, therefore, alternative guidelines were consulted. Per the ODG, Prozac is recommended as a first-line treatment option for major depressive disorder and PTSD. In this case, it is noted that the injured worker suffers from major depressive disorder, however, he is currently prescribed Cymbalta and Seroquel and this medications are documented to be efficacious. The request for Prozac 20mg #30 is not medically necessary.