

Case Number:	CM15-0201936		
Date Assigned:	10/16/2015	Date of Injury:	03/14/2012
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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: California, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 54 year old female, who sustained an industrial injury on 03-14-2012. The injured worker was diagnosed as having post-traumatic anxiety and depression. On medical records dated 06-11-2015 and 08-20-2015, the subjective complaints were noted as pain and probable post-traumatic anxiety and depression. Symptoms were noted as 9-10 out of 10 and seems to be worse during increased pain. Objective findings were not noted regarding anxiety and depression. Treatments to date included medication. The injured worker was noted to be temporary totally disabled. Current medications were listed as Gabapentin, Omeprazole, Prozac (since at least 05-2015) and Mobic, Norco, Metformin, Lisinopril, Atenolol, Glipizide, hydrochlorothiazide and Aspirin. The Utilization Review (UR) was dated 09-17-2015. A Request for Authorization was dated 09-17-2015. The UR submitted for this medical review indicated that the request for Prozac 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg, #90 (30 day supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter Antidepressants.

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.

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) With regard to medication history, the injured worker has been using this medication since at least 5/2015. The requested medication is indicated for the injured worker's depression. I respectfully disagree with the UR physician's denial based upon a lack of functional improvement. The MTUS does not mandate this for the ongoing use of antidepressants. The request is medically necessary.