

<b>Case Number:</b>	CM15-0024238		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Ohio, 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] employee who has filed a claim for chronic pain syndrome, chronic neck pain, anxiety, depression, and posttraumatic headaches reportedly associated with an industrial injury of May 30, 2012. In a utilization review report dated January 27, 2015, the claims administrator denied a request for fluoxetine (Prozac). The claims administrator stated that SSRIs were not indicated in the treatment of chronic pain but then documented, somewhat incongruously, that the applicant was using Prozac for depression. The applicant's attorney subsequently appealed. On April 14, 2014, the applicant reported ongoing issues, including posttraumatic stress disorder. The applicant was apparently using Prozac for the same. The applicant was making efforts to try and improve and was interacting with family members. The applicant was also using Abilify and Xanax for intermittent panic attacks, it was acknowledged. On September 16, 2014, the attending provider noted that the applicant still had difficulty with concentrating and memory. The attending provider stated that the applicant was getting "marginal but poor" results on Depakote and Prozac. The applicant was not working and was placed off work, on total temporary disability. On October 16, 2014, the applicant was again placed off work, on total temporary disability. The applicant was having issues with depression, poor concentration, anxiety, insomnia, and panic attacks evident on September 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoxetine 30mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** 1.No, the request for fluoxetine (Prozac), an antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, the applicant has been using fluoxetine (Prozac) for what appears to be a minimum of several months to several years. The attending provider has himself acknowledged that ongoing usage of fluoxetine (Prozac) has not been altogether beneficial. The applicant remains depressed and anxious. The applicant continues to report difficulty concentrating and interacting with family members. The applicant is off work. Significant complaints of depression, anxiety, panic attacks, and difficulty interacting with others persist. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of fluoxetine (Prozac). Therefore, the request was not medically necessary.