

Case Number:	CM15-0212816		
Date Assigned:	11/02/2015	Date of Injury:	06/26/2006
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 35 year old male, who sustained an industrial injury on 6-26-06. He reported low back pain. The injured worker was diagnosed as having generalized anxiety disorder, major depression, chronic pain, and psychogenic pain. Treatment to date has included physical therapy, use of a brace, injections, massage, chiropractic treatment, acupuncture, a home exercise program, cognitive behavioral therapy, and medication including Fluoxetine. On 9-17-15, the treating physician noted, "patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation." The treating physician also noted on 9-17-15 "the patient is experiencing significant psychological distress, including depression and anxiety. Currently, he does not have mechanisms for dealing with his pain and is very frustrated and dealing with it poorly." The injured worker had been taking Fluoxetine since at least July 2015. On 9-17-15, the injured worker complained of depression and anxiety secondary to pain. The treating physician requested authorization for Fluoxetine 20mg #60. On 9-29-15, the request was modified to certify a quantity of 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Fluoxetine (Prozac) 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a689006.html>.

Decision rationale: Pursuant to [REDACTED], 60 Capsules of Fluoxetine (Prozac) 20mg is not medically necessary. Fluoxetine (Prozac) is used to treat depression, obsessive-compulsive disorder (bothersome thoughts that will not go away and the need to perform certain actions over and over), some eating disorders, and panic attacks (sudden, unexpected attacks of extreme fear and worry about these attacks). Fluoxetine (Sarafem) is used to relieve the symptoms of premenstrual dysphoric disorder, including mood swings, irritability, bloating, and breast tenderness. Fluoxetine is in a class of medications called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance. In this case, the injured worker's working diagnoses are degeneration lumbar spine; lumbar disc displacement without myelopathy; stenosis lumbar; displacement thoracic disc without myelopathy; cervical disc displacement; generalized anxiety disorder; unspecified major depression, single episode; chronic pain NEC; psychogenic pain NEC. Date of injury is June 26, 2006. Request for authorization is September 23, 2015. According to the utilization review, the medical record documentation contained a CES depression score of 41 on February 2015. There were no prior depression scores in the medical record (for comparison purposes). There was a peer-to-peer conference call with the physician assistant who indicated he does not interpret the scores. According to a progress note dated August 5, 2015 the injured worker takes Prozac 20 mg twice daily. The documentation indicates the injured worker continues to utilize Prozac for better coverage of his depressive symptoms. Subjectively, the injured worker continues to complain of depression and anxiety secondary to pain. There is no change in the injured worker's pain since the last follow-up visit. There is no documentation demonstrating objective functional improvement to support the ongoing use of Prozac. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with prior CES depression scores and no documentation demonstrating objective functional improvement, 60 Capsules of Fluoxetine (Prozac) 20mg is not medically necessary.