

Case Number:	CM15-0216231		
Date Assigned:	11/06/2015	Date of Injury:	10/15/2002
Decision Date:	12/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	11/03/2015

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, California

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 10-15-02. The injured worker has complaints of low back pain that radiates to her legs. He diagnoses have included lumbago; sciatica; radiculitis, lumbar thoracic and post-laminectomy. Treatment to date has included pain medications; MS contin; oxycodone and Prozac. Other medication list include Norco, Soma, Omeprazole, Valium, Zoloft, Flexeril, Alprazolam, Trazodone, Gabapentin, Wellbutrin, Prilosec, Tizanidine, Clonazepam, and Nucynta. The original utilization review (9-30-15) non-certified the request for Prozac 20mg #30. Per the note dated 9/10/15 the patient had complaints of pain in low back and bilateral lower extremities. The patient had feelings of sadness, anxiety and depression. The physical examination of the lumbar spine revealed painful range of motion and tenderness on palpation. The patient had EMG of lower extremity that revealed radiculopathy; MRI of the lumbar spine that revealed lumbar disc disease; CT myelogram of the lumbar spine in 2010 that revealed disc protrusion. The patient's surgical history include lumbar fusion in 2008, repeat lumbar spine fusion in 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Antidepressants (2015).

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

Decision rationale: Request: Prozac 20mg #30. Prozac contains fluoxetine which is a Selective serotonin reuptake inhibitor. According to the CA MTUS chronic pain guidelines cited below SSRIs (selective serotonin reuptake inhibitors) are “SSRIs may have a role in treating secondary depression.” It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. He diagnoses have included lumbago; sciatica; radiculitis, lumbar thoracic and post-laminectomy. Per the note dated 9/10/15 the patient had complaints of pain in low back and bilateral lower extremities. The patient had feelings of sadness, anxiety and depression. The physical examination of the lumbar spine revealed painful range of motion and tenderness on palpation. The patient had EMG of lower extremity that revealed radiculopathy; MRI of the lumbar spine that revealed lumbar disc disease; CT myelogram of the lumbar spine in 2010 that revealed disc protrusion. The patient's surgical history includes lumbar fusion in 2008, repeat lumbar spine fusion in 2009. The patient has chronic pain with significant objective abnormal findings and there is evidence of sadness, anxiety and depression. The cited guideline recommend SSRIs for addressing psychological symptoms associated with chronic pain. The request for Prozac 20mg #30 is medically necessary and appropriate for this patient at this time.