MAXIMUS Federal Services

Case Number:	CM15-0219867		
Date Assigned:	11/12/2015	Date of Injury:	12/29/1995
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 46 year old female, who sustained an industrial injury on 12-29-1995. The injured worker was diagnosed as having thoracic back pain. Treatment to date has included diagnostics, spinal surgery, physical therapy, counseling, and medications. Most recently (9-23-2015), the injured worker reports no radicular symptoms and stated that her arms were getting stronger. She was exercising with a staff to help improve strength and flexibility. She reported that she planned to quit smoking and drinking while on a retreat for 9 days. Medications included marijuana, Fentanyl, Fluoxetine 40mg daily, Gabapentin, Lidoderm patch, Norco, and Prempro. The use of Fluoxetine was noted since at least 4-2015. Exam noted her as alert and oriented x3 and in no acute distress. She was able to touch her toes without pain and thoracic spinous tenderness was noted. Her mood was not described. Her work status was "remain off work permanently". On 10-29-2015 Utilization Review modified a request for Fluoxetine 20mg #30 with 0 refills (original request for Fluoxetine 20mg #30 with 3 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Fluoxetine 20 mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Guidelines recommend antidepressant as a first line option for neuropathic pain.In this case, there is no documentation that the patient is suffering from ongoing neuropathic pain and no documentation of pain and functional improvement. The request for Fluoxetine 20 mg #240 is not medically necessary or appropriate.