

<b>Case Number:</b>	CM14-0116359		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

33 yr. old Male claimant sustained a work injury on 11/2/12 involving the low back. He was diagnosed with a herniated L4-L5 disc. He had been on oral analgesics for pain. He also had a history of anxiety, racing thoughts, financial stress and difficulty sleeping. He had been receiving psychotherapy He had been given Prozac for depression. A psychiatry evaluation on 4/18/14 indicated the claimant had major depressive disorder and a pain disorder directly related to the injury. Prior to this visit, the claimant had been on Prozac for several months to manage the symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 10mg QD #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16, 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16.

**Decision rationale:** Prozac is an SSRI. According to the MTUS guidelines, the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The claimant had depression stemming from the pain and injury. The use of medications such as Prozac

(SSRIs) is common practice and medically necessary when treating patients with pain and depression. The use Prozac was medically necessary.