

Case Number:	CM14-0126196		
Date Assigned:	08/13/2014	Date of Injury:	11/09/2011
Decision Date:	11/13/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

According to the records made available for review, this is a 59-year-old female with an 11/9/11 date of injury. At the time (7/18/14) of request for authorization for Prozac 10mg #90, there is documentation of subjective (chronic left hip pain, impaired sleep due to pain, and depression) and objective (depression, anxiety, tearful, and flat affect) findings, current diagnoses (pain disorder and major depressive disorder), and treatment to date (ongoing therapy with Prozac since at least 4/21/14 with decreased depression). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Prozac use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 40mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Prozac and Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of major depressive disorder, as criteria necessary to support the medical necessity of Prozac. Within the medical information available for review, there is documentation of diagnoses of pain disorder and major depressive disorder. In addition, there is documentation of chronic pain. However, despite documentation of ongoing treatment with Prozac with decreased depression, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Prozac use to date. Therefore, based on guidelines and a review of the evidence, the request for Prozac 10mg #90 is medically necessary.