

<b>Case Number:</b>	CM14-0131727		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 59-year-old male who reported an injury; he slipped on a trailer in the rain on 09/27/2012. The clinical dated 07/01/2014 indicated diagnoses of cervical sprain/strain right, right shoulder post-traumatic arthrosis of the acromioclavicular joint with partial or complete tear of the rotator cuff, right knee medial meniscus tear and lateral meniscus tear plus osteoarthritis of the right knee, anxiety, insomnia, and morbid obesity with 120 pound excess. The injured worker reported mild neck pain, mild right shoulder pain, and mild low back pain. The injured worker also reported mild right knee pain. The injured worker reported he had surgery on his shoulder in 07/2013, which he reported was compression and partial distal clavicectomy and he was doing very well. The injured worker reported he had a right knee surgery in 03/2014. The provider reported he had an arthroscopic subtotal medial and lateral meniscectomy and the injured worker was doing well. On physical examination of the neck and shoulder the injured worker had full range of motion with no pain. The examination of the knee revealed full range of motion with no pain. The injured worker's treatment plan included an MRI of the lumbar spine and to renew his medications. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Prilosec, tramadol, and Prozac. The provider submitted a request for Prozac. A Request for Authorization dated 07/01/2014 was submitted for Prozac; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

**Decision rationale:** The request for Prozac 20mg #60 is not medically necessary. The CA MTUS guidelines recognize selective serotonin reuptake inhibitors (SSRIs), as a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. There is lack of documentation of efficacy and functional improvement with the use of Prozac. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency. Therefore, the request of Prozac is not medically necessary.