

<b>Case Number:</b>	CM14-0138178		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/29/1995
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Occupational 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:

Injured worker is a male with date of injury 8/29/1995. Per psychiatric treatment report dated 7/28/2014, the injured worker continues to have pain, limitations and difficulties which lead to emotional flare-ups and instability. He suffers from depression causing sexual dysfunction. Axis I diagnoses include 1) dysthymic mood disorder and depression, industrial 2) mood disorder due to possible hypogonadal syndrome, non-industrial 3) pain disorder associated with both psychological factors and general medical condition, industrial 4) posttraumatic stress disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric treatment every other month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and

posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The injured worker is noted to have been injured 19 years ago, and this request is not accompanied with a report on prior treatment success and goals and expectations of further treatment. The requesting physician has not established medical necessity of this request. The request for Psychiatric treatment every other month is determined to not be medically necessary.

**Prozac 80mg QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressant treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, Antidepressants for Chronic Pain section Page(s): 7, 13-16.

**Decision rationale:** The MTUS Guidelines explain that the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. Antidepressant for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Zoloft are effective at addressing psychological symptoms associated with chronic pain. The requesting physician is the treating psychiatrist, and has reported diagnoses that could benefit from the use of Prozac, however, the quantity being requested has not been specified. The claims administrator modified the request to certify 30 tablets of Prozac. Without specifying the dose, frequency, and duration of a medication request, medical necessity has not been established within the recommendations of the MTUS Guidelines. The request for Prozac 80mg QTY 1 is determined to not be medically necessary.