

<b>Case Number:</b>	CM14-0144460		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Pain Management 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:

The injured worker is a 42-year-old male who sustained an injury on 2/17/10. He complained of left shoulder, low back and neck pain, rated at 8/10. He has significant pain throughout much of his body. He also had complaints of significant myospasms, which he experienced after physical therapy, preventing him from sleeping at night. Posterior cervical musculature exam revealed tenderness to palpation bilaterally with increased muscle rigidity; there were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. Left shoulder magnetic resonance arthrogram on 9/23/13 revealed tear involving the superior labrum and tiny perforation to the infraspinatus tendon. Left shoulder magnetic resonance imaging scan on 1/10/13 revealed partial intrasubstance tear of the supraspinatus tendon. A cervical spine magnetic resonance imaging scan on 5/20/14 revealed 2 mm disc protrusion throughout the cervical spine, indenting the anterior portion of the thecal sac. Currents medications include Norco, Anaprox, FexMid, Prilosec, Neurontin, Remeron, and Ambien. He had 12 session of post-op physiotherapy and felt his condition was worse since the surgery. He underwent a series of three cervical epidural steroid injections in 2012 and lumbar epidural steroid injections, both of which provided relief. Diagnoses include cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms; lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms; left shoulder internal derangement; status post arthroscopic surgery in 2011; left shoulder revision arthroscopic surgery in 1/23/14; right shoulder internal derangement; and medication-induced gastritis. The request for Prozac 20mg #60 was denied by the utilization reviewer on 08/06/14.

### 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 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain

**Decision rationale:** Per guidelines, Fluoxetine (Prozac, generic available) is a serotonin-specific reuptake inhibitor (SSRI) antidepressant that is approved for major depressive disorder, obsessive compulsive disorder, and premenstrual dysphoric disorder. A moderate-quality study suggested that Fluoxetine was similar to Amitriptyline in treatment effect on chronic spinal pain. However, while there is limited direct evidence for use of SSRIs for treatment of cervicothoracic pain, there is robust evidence that SSRIs are ineffective for treatment of low back pain and thus are also not recommended for treatment of cervicothoracic pain. Furthermore, there is no documentation of depression or obsessive compulsive disorder in this case. There is no mention of any specific reason for the requested medication. Thus, the request is not medically necessary.