

<b>Case Number:</b>	CM14-0166791		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/21/1999
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 66 year-old female who was injured on May 21, 1999. The patient continued to experience neck pain, headaches, right shoulder pain, and lower back pain. Physical examination was notable for tenderness in the cervical musculature, decreased strength in the right upper extremity secondary to pain, tenderness to the lumbar musculature, decreased sensation along the lateral calves bilaterally, and 4/5 motor strength to the lower extremities bilaterally. Diagnoses included cervical spinal stenosis with bilateral upper extremity radiculopathy, cervicogenic headaches, lumbar myoligamentous injury, right shoulder internal derangement, and reactionary depression/anxiety. Treatment included medications, epidural steroid injections, Request for authorization for Prozac 20 mg #120 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, SSRI's

**Decision rationale:** Prozac is Fluoxetine, a selective serotonin reuptake inhibitor. It has been suggested that the main role of SSRIs (Selective Serotonin Uptake Inhibitors) may be in addressing psychological symptoms associated with chronic pain. Per ODG SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. In this case the patient was receiving Prozac for the treatment of depression. The medical record stated that it was not effective. Therefore, the request of Prozac 20mg #120 is not medically necessary and appropriate.