

<b>Case Number:</b>	CM14-0025487		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/01/1997
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Psychiatry and is licensed to practice in Texas. 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 48 year old female who underwent a cervical fusion with persistent pain. Fluoxetine (60 milligrams daily) plus Trazodone (50 - 100 milligrams) were prescribed for the diagnosis of depression tied to her injury and pain. Per the prior denial: Guidelines recommend the use of Trazodone for treatment of insomnia; however, as there is no documentation on the medical record dated 02/03/2014 of any findings of depression, anxiety, or insomnia, the need for Trazodone and Prozac is not established. The medical records provided including the clinical notes of 2/3/2014 document the presence of insomnia and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROZAC 20MG 1PO GD #30 4 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANT Page(s): ANTIDEPRESSANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective Serotonin Reuptake Inhibitors (SSRI) Page(s): 16, 107.

**Decision rationale:** Per Medical Treatment Utilization Guidelines, selective serotonin reuptake inhibitors have their main role addressing psychological symptoms associated with chronic pain.

Although there are questions as to the efficacy of this group of antidepressants in specifically controlling pain, their efficacy with regard to depression is not in dispute. In this case, the medical records provided indicate that there is a concomitant depression that is related to and a consequence of the injured worker's job-related accident. Therefore, the use of Prozac is medically necessary. Dosing of Fluoxetine is variable and based upon individual response. The total daily dose of 60 milligrams is within Food and Drug Administration guidelines for the treatment of depression. As this drug is not available in a 60 milligram dose, the use of two capsules as prescribed here is medically necessary.

**PROZAC 40MG 1 CAPSULE DAILY PO #30 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13-14, 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective Serotonin Reuptake Inhibitors (SSRI) Page(s): 16, 107.

**Decision rationale:** Per Medical Treatment Utilization Guidelines, selective serotonin reuptake inhibitors have their main role addressing psychological symptoms associated with chronic pain. Although there are questions as to the efficacy of this group of antidepressants in specifically controlling pain, their efficacy with regard to depression is not in dispute. In this case, the medical records provided indicate that there is a concomitant depression that is related to and a consequence of the injured worker's job-related accident. Therefore, the use of Prozac is medically necessary. Dosing of fluoxetine is variable and based upon individual response. The total daily dose of 60 milligrams is within Food and Drug Administration guidelines for the treatment of depression. As this drug is not available in a 60 milligram dose, the use of two capsules as prescribed here is medically necessary.

**ORPHENADRINE CITRATE 100MG 1PO BID AM/PM #60 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**Decision rationale:** The California Medical Treatment Utilization Guidelines do not recommend the long-term use of muscle relaxants for treatment of chronic lower back pain. As the patient appears to have been taking the Orphenadrine on a long-term ongoing basis, the requested Orphenadrine does not meet guideline recommendations. It is therefore not medically necessary.

**TRAZADONE 50MG 1-2 PO GHS #60 4 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone (Desyrel).

**Decision rationale:** The Medical Treatment Utilization Guidelines does not address the use of Trazodone. However, Trazodone is a triazolopyridine derivative indicated for the treatment of depression. It is commonly used in conjunction with other antidepressants at doses in the range used here due to its soporific effects and lack of addictive potential. In the presence of insomnia and depression, the use of Trazodone is considered medically necessary.