

Case Number:	CM14-0094109		
Date Assigned:	07/25/2014	Date of Injury:	06/08/2005
Decision Date:	09/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 68 year old female who sustained an injury to her low back on 06/08/05. The mechanism of injury is not described. Diagnoses include lumbago, lumbar degenerative disc disease and chronic pain syndrome. The records indicate that the injured worker had been trialed on Lexapro for anxiety and depression with no substantive benefit and was subsequently started on Prozac 20mg with some noted benefit. Per the clinical note dated 05/06/14, Prozac was subsequently increased from 20 to 40mg per day. Follow up notes dated 07/07/14 and 08/04/14 indicate a significant improvement in the injured worker's mood and was noted to have increased benefit with functional improvements in activities of daily living. The record includes a utilization review determination dated 05/20/14 in which a request for Prozac 40mg #30 with 2 refills was partially approved for Prozac 40mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 40 mg. #30 with 2 refills: Overturned

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 SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for Prozac 40mg #30 with 2 refills is supported as medically necessary. Per the submitted clinical records, the injured worker has failed Lexapro and was subsequently started on Prozac 20mg which was increased to 40mg Q day on 05/06/14. In subsequent follow ups on 07/07/14 and 08/04/14, the injured worker was noted to have significant improvements in mood and activities of daily living with no documented side effects. Given that she has undergone a 90 day trial of this medication and is currently stable, it would be reasonable and medically necessary to continue this medication indefinitely and therefore, the recommendation for Prozac 40mg #30 with 2 refills is both medically necessary and appropriate for the treatment of the injured worker's comorbid depression.