

Case Number:	CM14-0074873		
Date Assigned:	07/16/2014	Date of Injury:	12/10/2004
Decision Date:	06/04/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 54 year old male, who sustained an industrial injury on 12/10/04. The injured worker has complaints of low back pain. The diagnoses have included intervertebral disc disorder with myelopathy, unspecified region. Treatment to date has included physical therapy; aqua therapy; pain management program; lumbar epidural injections; ankle-foot orthosis (AFO) brace; lyrica; Prozac and norco. The request was for 1 prescription of Prozac 20mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prozac 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs), Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant

medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" Upon review of the submitted documentation, it is suggested that the injured worker has been prescribed Prozac by his Interventional Pain provider on an ongoing basis. However, there is no information regarding target symptoms, subjective or objective findings or any objective functional improvement with Prozac. MTUS is silent regarding the use of Prozac in chronic pain. It is indicated for Major depressive disorder per the ODG guidelines. However, there is no information regarding any depressive symptoms per the treating provider's progress reports. The request for ongoing use of Prozac is not clinically indicated based on lack of the above mentioned information. Thus, the request for 1 prescription of Prozac 20 mg #120 is excessive and not medically necessary.