

Case Number:	CM15-0011002		
Date Assigned:	01/28/2015	Date of Injury:	09/25/1990
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old woman sustained an industrial injury on 9/25/1990. The mechanism of injury was not detailed. Current diagnosis is listed as chronic migraines. Treatment has included oral medications and botox injections. Physician notes dated 11/6/2014 show 31 botox injections to the bilateral corrugator, frontalis, procerus, temporalis, occipitalis, paraspinals, and trapezius. A Current medication list was included as well as a basic assessment. A request for authorization dated 12/17/2014 is found for the medications listed, however, there is no correlating physician note identified from the same date. On 12/23/2014, Utilization Review evaluated a prescription for Fluoxetine 20 mg, that was submitted on 1/20/2015. The UR physician noted the worker has been taking this medication for ten years. The guidelines only recommend this medication for the treatment of secondary depression and psychological symptoms associated with chronic pain in some cases. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Pain, SSRIs (selective serotonin reuptake inhibitors (SSRIs))

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107 of 127.

Decision rationale: MTUS does not recommend SSRI antidepressants such as fluoxetine (Prozac) for treatment of chronic pain; however, MTUS states "...but SSRIs may have a role in treating secondary depression." Due to documented depression and anxiety associated with claimant's fibromyalgia, the requested fluoxetine is consistent with MTUS recommendations. NOTE: On July 19, 2006, the US Food and Drug Administration (FDA) issued an alert, "Potentially Life-Threatening Serotonin Syndrome with Combined Use of SSRIs or SNRIs and Triptan Medications." The FDA recommends that patients treated concomitantly with a triptan and a selective serotonin reuptake inhibitor (SSRI)/selective norepinephrine reuptake inhibitor (SNRI) be informed of the possibility of serotonin syndrome. Claimant has been receiving fluoxetine as well as triptan medications on a long-term basis without evidence of adverse medication interaction, but continued caution concerning the potential for serotonin syndrome is advisable in this case.