

<b>Case Number:</b>	CM15-0129483		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 47 year old female, who sustained an industrial injury on September 10, 2012. The injured worker was diagnosed as having post traumatic stress disorder (PTSD), post-concussion syndrome, closed head injury, status post nasal fracture, unsuccessful nasal surgery, right eye blindness, cervical strain with cervical disc disease and anxiety and depression. Treatment to date has included surgery, therapy and medication. A progress note dated May 28, 2015 provides the injured worker complains of headaches, light sensitivity, nose bleeds, neck and left shoulder pain rated 5/10. Physical exam notes marked light sensitivity. The plan includes Norco, Lyrica and Prozac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg #60 per 5/28/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors), Antidepressants for Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/prozac-drug.htm>.

**Decision rationale:** Prozac is a selective serotonin reuptake inhibitor indicated in case of depression. There is no clear objective documentation of functional gains from prior use of Prozac. Therefore, the request for prescribing Prozac 20mg #30 is not medically necessary.

