

Case Number:	CM15-0175363		
Date Assigned:	09/25/2015	Date of Injury:	02/24/2007
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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:

This is a 54 year old female with a date of injury on 2-24-2007. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent major depressive disorder and chronic pain syndrome. According to the progress report dated 5-15-2015, the injured worker had subjective complaints of depression, pre-occupation and pain syndrome. Objective findings (3-24-2015) noted "she has been worse, attributes dysphoria, anxiety, fearfulness, intense depression to Zoloft and the increase to 10mg per day and wants to stop." She reported that Prozac helped, but the side effect, yawning was unpleasant. Celexa was prescribed. On 4-1-2015, "she feels a little better." Treatment has included psychotherapy and medications (Xanax, Lunesta and Celexa on 5-15-2015). The original Utilization Review (UR) (8-27-2015) denied a request for Fluoxetine HCL (Prozac).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fluoxetine HCL (Prozac) 20mg #30, 30 days DOS: 8.18.15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors): Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." 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." The injured worker has been undergoing treatment for recurrent major depressive disorder and chronic pain syndrome. She has been prescribed Zoloft, Celexa and Prozac in the past and it was stated that Prozac helped her before. The request for Retro Fluoxetine HCL (Prozac) 20mg #30, 30 days, DOS: 8.18.15 is medically necessary for treatment of depression as well as chronic pain per the guidelines quoted above. Will respectfully disagree with UR physician's decision.