

<b>Case Number:</b>	CM15-0024500		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/19/2008
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 62 year old male, who sustained an industrial injury on 2/19/2008. He reported pain in his right shoulder. Diagnoses have included cervical herniated nucleus pulposus (HNP), right shoulder internal derangement status post arthroscopy, medication induced gastritis, reactionary depression/anxiety, left shoulder internal derangement status post arthroscopy, and left carpal tunnel release and trigger finger release. Treatment to date has included surgery, a home exercise program and medication. According to the progress report dated 1/26/2015, the injured worker complained of increased pain in his neck radiating down to both upper extremities, right greater than left. The pain was associated with cervicogenic headaches. He rated his pain as 8/10. The injured worker was currently working at least 32 hours per week with restrictions. He had been experiencing increased flare up of his neck pain, left shoulder pain, left wrist pain and left hand pain. Exam of the cervical spine revealed tenderness to palpation. There were multiple trigger points and taut bands throughout. Authorization was requested for Prozac for date of service 1/26/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Prozac 20mg, 1-2 tab/day #60 (DOS: 1/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**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 supporting the patient's claim that her depression symptoms are helped significantly with Prozac. Prozac is not indicated for pain management. There is no clear documentation of ongoing depression. Therefore, the request for retrospective request for Prozac 20mg, 1-2 tab/day #60 (DOS: 1/26/15) is not medically necessary.