

Case Number:	CM15-0042789		
Date Assigned:	03/12/2015	Date of Injury:	01/20/2003
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 (IW) is a 35 year old male, who sustained an industrial injury on 01/20/2003. He reported low back pain. The injured worker was diagnosed as having lumbago. Treatment to date has included a L5-S1 lumbar discectomy and fusion for herniated disc, postoperative physical therapy, TENS (Transcutaneous Electrical Nerve Stimulation) unit (12/29/2014), mechanical traction (12/29/2014) manual therapy (12/29/2014) and acupuncture. Acupuncture was found to be helpful prior to surgery. He had negative electrodiagnostic studies of the left lower extremity 05/2011. Currently, the injured worker complains of chronic back pain and radicular symptoms with a recent complaint of depression. He takes Norco for pain and Prilosec for gastric reflux symptoms. He complains of depressed mood and a psychiatric consultation has been requested. Prozac 20 mg daily was added to his medication regimen on 02/05/2015. Authorization for Prozac 20mg #30 is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Prozac.

Decision rationale: MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. ODG states "Fluoxetine (Prozac, generic available): Also approved for major depressive disorder, OCD and premenstrual dysphoric disorder. Dosing information: 20-60 mg daily." The treating physician does not detail any signs and symptoms of major depression nor any improvement in pain and/or depressive symptoms while on the medication. There is no clear indication for the MDD or use as adjunct in pain management. As such, the request for Prozac 20mg #30 is not medically necessary.