

Case Number:	CM15-0073649		
Date Assigned:	04/23/2015	Date of Injury:	04/01/2012
Decision Date:	06/09/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/17/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male, who sustained an industrial injury on April 1, 2012. The injured worker was diagnosed as having insomnia, anxiety, depression and chronic pain. Treatment and diagnostic studies to date have included medication. A progress note dated March 10, 2015 provides the injured worker complains of depression, insomnia and anxiety related to pain. Physical exam notes anxiety. The plan is for medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg, 1 tab every day, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient presents with depression and anxiety due to chronic pain. The current request is for Prozac 20mg, 1 tab every day, #30. The treating physician states, "Prozac 20mg, 30, 0 refill. Depression, insomnia, anxiety." (51, 49B) The MTUS guidelines state,

"Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." In this case, the treating physician has documented that the patient is suffering from depression due to pain. This request appears to be an initial request, as the documents provided do not show prior prescription. The current request is medically necessary and the recommendation is for authorization.