

<b>Case Number:</b>	CM13-0024917		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain and chronic low back pain with derivative depression reportedly associated with an industrial injury of September 6, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; prior multilevel cervical fusion surgery; a cervical collar; and extensive periods of time off of work. In a Utilization Review Report of September 4, 2013, the claims administrator denied a request for Pristiq, an antidepressant medication, on the grounds that the claims administrator had apparently not accepted depression as compensable issue. The patient's attorney later appealed, on September 16, 2013. On August 14, 2013 the patient is described as having post-injury depression. It is suggested that this may be a function of the applicant having developed chronic pain. Pristiq is endorsed, in conjunction with a cervical collar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pristiq 20mg q Day in conjunction with her other pain medications (Unspecified):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** In this case, the patient has apparently alleged development of post-injury depression. As noted in MTUS-adopted ACOEM Guidelines in chapter 15, antidepressants may be helpful to alleviate symptoms of depression and often take weeks to exert their maximal effect. In this case, if the patient in fact having issues with or manifestations of depression, either stand-alone and/or brought on by her pain issues, introduction of an antidepressant, Pristiq, is an appropriate option, as suggested by ACOEM. Therefore, the original utilization review decision is overturned. The request is certified.