MAXIMUS Federal Services

Case Number:	CM13-0041672		
Date Assigned:	12/20/2013	Date of Injury:	08/04/2000
Decision Date:	02/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pediatric Rehabilitation & Medicine and is licensed to practice in Illinois, Indiana and Texas. 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 reported an injury on 08/04/2000. The patient is currently diagnosed with left cervical radicular pain, status post C5-C7 fusion, cervicogenic headaches, chronic pain, and failed spine surgery syndrome. The patient was seen by [redacted] on 05/15/2013. The patient reported 6/10 pain. Physical examination revealed tenderness to palpation, decreased cervical range of motion, and hypersensitivity over the left upper extremity. The patient was status post spinal cord stimulator placement, and the patient's dressing was removed and bandages were applied. Treatment recommendations included continuation of current medication including Norco, naproxen, Losartan, Viibryd, clonazepam, and Lamotrigine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voobryd: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 13-16 107.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. As per the clinical documentation submitted, the patient does not report psychiatric symptoms. It is noted that the patient receives this prescription from an outside physician; however, the progress reports from this outside physician were not provided. It is unknown whether the patient has been treated with first line medication prior to the initiation of an SSRI. There is also no documentation of a diagnosis, dosage, frequency, or adverse side effects, or length of time the patient has been taking this medication. The medical necessity has not been established. Therefore, the request is non-certified.