

Case Number:	CM13-0053153		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2002
Decision Date:	03/20/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation 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 45-year-old female who reported an injury on 02/28/2002. Review of the medical record reveals the patient diagnoses include lumbar strain/sprain; cervical strain/sprain; and bilateral shoulder impingement syndrome. The patient has undergone right shoulder scope, extensive debridement, acromioplasty capsulorrhaphy, laser assisted on 11/05/2003, status post right shoulder debridement, labral repair capsulorrhaphy/capsular application on 02/17/2010. A clinical note dated 10/22/2013 reveals the patient was not in any distress, there were palpable trigger points with trapezius bilaterally, limited cervical spine and shoulder range of motion with pain, diminished brachioradialis and deep tendon reflexes bilaterally, diminished motor strength within the upper extremities, provocative testing suggestive of rotator cuff pathology and cubital tunnel syndrome, right ulnar nerve subluxation, and atrophy of the right rhomboid/supraspinatus. It is noted that the patient has been taking the requested medication, Pristiq, since as early as 2011. The patient complained of neck pain, shoulder pain, pain to bilateral arms, lower back and hips. The patient also complains of frequent migraines that occur more than once a week. Objective findings included limited and restricted active range of motion to bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Per the California MTUS Guidelines, it is stated that antidepressants are recommended as first line options for neuropathic pain, and as a possibility for non-neuropathic pain. However, they are considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. It is also stated by the California MTUS Guidelines that there should be an assessment of treatment accuracy to include pain outcomes and the evaluation of function, changes in the use of the analgesic medication, sleep quality and duration and psychological assessment with the use of the requested medication. As this information is not provided in the medical record and the patient continues to have significant complaints of pain and depression, the requested Pristiq 50mg #30 is not medically necessary or appropriate.