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| Case Number: | CM13-0063256 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/28/2002 |
| Decision Date: | 04/18/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 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/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 55-year-old male who reported an injury on 10/28/2002. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical sprain, right upper extremity radiculitis, right shoulder bicipital tendinitis, lumbosacral sprain, right sacroiliac joint sprain, right knee chondromalacia patella with medial meniscal tear, and right carpal tunnel syndrome. The patient was seen by [REDACTED] on 11/07/2013. The patient reported persistent pain, weakness, soreness, and swelling. The patient also reported localized numbness and burning sensation. Physical examination revealed tenderness to palpation, guarding with passive range of motion, tenderness of bilateral lumbar facets, myofascial pain with triggering, and positive straight leg raising with a positive Faber maneuver. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESTIQ 50 MG #30, ONE (1) TABLET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Desvenlafaxine (Pristiq).

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. The Official Disability Guidelines state Pristiq is recommended for depression and as an option in first-line treatment of neuropathic pain if tricyclics are ineffective, poorly tolerated, or contraindicated. As per the documentation submitted, the patient does not report depressive symptoms. Psychiatric examination revealed an appropriate mood and affect. It is unknown whether the patient currently utilizes this medication for depression or neuropathic pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with numbness and burning sensation. There is no documentation of a satisfactory response to treatment. The request for Pristiq 50 mg #30, one (1) tablet by mouth every day is not medically necessary and appropriate.