

Case Number:	CM13-0070679		
Date Assigned:	01/08/2014	Date of Injury:	03/26/2009
Decision Date:	05/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker reported an injury on 03/26/2009 secondary to unknown mechanism of injury. The diagnoses include history of cervical, thoracic and lumbar strain/sprain with myofascial pain disorder, cervical and lumbar disc degeneration, small thoracic disc protrusion, neuropathic pain, headaches and complaints of lower extremity weakness. The injured worker was evaluated on 12/03/2013 for reports of neck and lower back pain and muscle cramping. The injured worker rated the pain at an 8-9/10 and also reported a 50 percent functional improvement with medication. The exam noted mildly limited range of motion to all planes of the neck and back and trigger point tenderness throughout the thoracic, lumbar and cervical area with a positive jump sign. The injured worker was also evaluated on 01/14/2014 for reports of ongoing lower back pain rated at 8/10 with numbness to the lower extremities. The injured worker also reported 50 percent functional improvement with medication. The exam noted mildly limited range of motion to all planes of the neck and back and trigger point tenderness throughout the thoracic, lumbar and cervical area with a positive jump sign. The treatment plan indicated continued medication plan including Mobic. There is no indication of continued prescription for Pristiq in the documentation provided. There is a request for authorization in the documentation provided; however, there is no documented rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRISTIQ 50MG NUMBER THIRTY (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 (ODG).

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and assessment should include efficacy of pain outcomes initiated at one week of treatment with a trial of four weeks. The FDA indicates the use of Pristiq to treat major depressive disorder. There is no evidence of a diagnosis of major depressive disorder in the documentation provided. The injured worker was also taking Cymbalta at the time of the prescription in question. Based on the documentation provided, the request for Pristiq 50mg #30 is not medically necessary and appropriate.

MELOXICAM 15MG NUMBER THIRTY (30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 72.

Decision rationale: The California MTUS guidelines state the use of NSAIDs is recommended as an option for low back pain for short term symptomatic relief. The documentation provided indicates the injured worker has been prescribed NSAIDs since at least 12/11/2012. This time exceeds the duration for short-term use. There is no evidence of objective findings of efficacy of the medication for pain relief. The pain scale report of the injured worker indicates 8-9/10 pain while on the medication. As the injured worker indicates a 50 percent reduction in pain with the medication, the rationale for changing medications to meloxicam is unclear versus previous NSAIDs. Based on the documentation provided, the request for Meloxicam 15mg #30 is not medically necessary or appropriate.