

Case Number:	CM14-0112856		
Date Assigned:	08/01/2014	Date of Injury:	12/06/2013
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 Preventative 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 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:

According to the records made available for review, this is a 50-year-old male with a 12/6/13 date of injury. At the time (7/2/14) of request for authorization for Pristiq 50mg # 30 refills 2 as prescribed on 7/2/14, there is documentation of subjective (ongoing neck and left shoulder pain with stiffness, frontal headaches radiating to the right scalp, and pain in the left occipital area) and objective (tenderness to palpation over the cervical occipital area, paravertebral muscles, bilateral upper trapezius, and left shoulder; and decreased cervical and left shoulder range of motion with pain) findings, current diagnoses (closed head injury, cervical sprain, left shoulder strain, thoracic and lumbar pain, chronic pain syndrome, and post traumatic migraines), and treatment to date (physical therapy and medications (Celebrex, Baclofen, and Gabapentin)). In addition, medical report identifies a request for trial of Pristiq for chronic pain and better mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg # 30 refills 2 as prescribed on 7/2/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of closed head injury, cervical sprain, left shoulder strain, thoracic and lumbar pain, chronic pain syndrome, and post traumatic migraines. In addition, there is documentation of a request for trial of Pristiq for chronic pain and better mood. Therefore, based on guidelines and a review of the evidence, the request for Pristiq 50mg # 30 refills 2 as prescribed on 7/2/14 is medically necessary.