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| Case Number: | CM14-0122353 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/29/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 Occupational 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:

Patient is a 38 year-old male with date of injury 08/29/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/01/2014, lists subjective complaints as pain in the neck that radiates down the right upper extremity. Objective findings: Examination of the cervical spine revealed mild tenderness to palpation at the left trapezius muscle, moderate to severe tenderness at the right trapezius with moderate to severe palpable spasm at the right trapezius muscle. Range of motion was limited with increased pain at extreme flexion and extension. Patient had some right greater than left, C5-6 dermatomal distribution of dysesthesia. Diagnosis: 1. Status post carpal tunnel repair with residual pain and mild neuropathy confirmed by EMG nerve conduction study 2. Mild left carpal tunnel syndrome confirmed by EMG nerve conduction study 3. Clerical strain/sprain 4. Cervical myofascial pain syndrome 5. Cervical degenerative disc disease 6. Cervical radiculitis. The medical records provided for review document that the patient has been taking the following Pristiq 50mg, #30 for at least 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Venlafaxine (Effexor®).

Decision rationale: Pristiq, generic name desvenlafaxine, is an antidepressant of the serotonin-norepinephrine reuptake inhibitor class. Desvenlafaxine is a synthetic form of the major active metabolite of venlafaxine. Venlafaxine, the parent compound of Pristiq, is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The current medication regimen seems to be controlling the patient's pain and the requested medication is one of a class of medications that is recommended as first-line treatment. Pristiq 50mg, quantity 30 is medically necessary.