

<b>Case Number:</b>	CM14-0166636		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/27/2000
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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:

The applicant has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 27, 2000. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for Pristiq, stating that concurrent usage of Trazodone and Pristiq was suboptimal. In an August 28, 2014 progress note, the applicant posited that ongoing usage of Trazodone and Pristiq were apparently ameliorating her issues with depression and sleep disturbance. The applicant did report 10/10 neck and low back pain. The applicant posited that she had to cancel a recent vacation owing to pain complaints. The applicant was asked to try and cease smoking. Pristiq, Trazodone, and Norco were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pristiq 100mg #30 as an outpatient for neck and low back pain:** Overturned

**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 ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressant medications "may be helpful" to help ameliorate symptoms of depression. In

this case, the attending provider has posited, albeit incompletely, that ongoing usage of Pristiq, coupled with Desyrel (Trazodone), has attenuated the applicant's depressive symptoms and sleep disturbance symptoms and has, furthermore, ameliorated the applicant's mood. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.