

Case Number:	CM14-0039305		
Date Assigned:	06/27/2014	Date of Injury:	11/04/2009
Decision Date:	09/17/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man who sustained a work-related injury on November 4, 2009. Subsequently, he developed neck and lower back pain and underwent cervical spine surgery. X-ray of the C-spine dated January 9, 2012 showed no instability on flexion-extension views. His CTA of the neck dated January 9, 2012 was normal. CT of the C-spine showed no acute fracture or subluxation; status post right laminectomy from C3-5 with partial plate fixation; multilevel degenerative disc disease and spondylosis with posterior osteophytes and ossification of the posterior longitudinal ligament at multiple levels. MRI of the lumbar spine dated October 24, 2011 showed mild spondylosis in the lower L-spine but no focal disc herniation or central stenosis detected. According to the progress report dated March 6, 2014, the patient continued to have neck and lower back pain. His physical examination revealed unsteady and antalgic gait, cervical spine tenderness with reduced range of motion, Motor testing was limited by pain. Hoffman's sign was positive on both sides. Straight leg raising was negative. Wadell's signs were negative. The patient was diagnosed with spinal cord injury. The medications used by the patient include Pristiq, Oxycontin, Flomax, Oxycodone, Fludrocortisone, and Cialis. The provider requested authorization for Desveniafaxine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desveniafaxine 50 mgf #60 X2: Upheld

Claims Administrator guideline: Decision based on MTUS 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 Other Medical Treatment Guideline or Medical Evidence: Pristiq <http://www.rxlist.com/pristiq-drug.htm>.

Decision rationale: PRISTIQ is an extended-release tablet for oral administration that contains Desvenlafaxine succinate, a structurally novel SNRI for the treatment of MDD. Desvenlafaxine (O-desmethylvenlafaxine) is the major active metabolite of the antidepressant venlafaxine, a medication used to treat major depressive disorder. (<http://www.rxlist.com/pristiq-drug.htm>). There is no recent documentation that the patient is suffering of major depression. There is no documentation of efficacy of previous use of Pristiq for pain management. Furthermore, the patient UDS was inconsistent with his prescribed drugs and raise concern about the patient compliance. Therefore, Desvenlafaxine 50 mg #60 with 2 refills prescription is not medically necessary.