

Case Number:	CM14-0051221		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2006
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old male who reported an injury on 10/06/2006. The injured worker's diagnosis was listed as myofasciitis, low back sciatica syndrome, and long term pain management. The clinical note on 03/12/2014 documented that the injured worker was experiencing a feeling dizziness and drowsiness with lumbosacral spine continuing to persist. It was also documented that a TENS unit was being utilized and found out to be 50% effective in reducing the severity of low back pain. Current medications were noted to include Norco 10/325 mg 3 times a day, Pristiq 50 mg twice a day, Mirtazapine 30 mg once at night, docusate sodium 250 mg 1 to 2 tabs a day. It was documented that the activities of daily living continued to be limited due to pain, and that the injured worker was unable to reach his feet to cut his toenails or clean his feet due to unbearable pain, and continued to rely on others for care. It was also documented that the injured worker relied on his son to clean the house and shop for groceries, with a documented ability to wash a few dishes and do light laundry and minimal cooking. The physical exam of the lumbar spine noted muscle spasm bilaterally rated 2+ that was aggravated by forward flexion along with a decreased range of motion. There was also a noted tenderness along the lumbosacral junction and the sacroiliac joints rated at a 2/10 with diminished motor strength in the bilateral lower extremities. The injured worker's surgical and pertinent diagnostic imaging was not provided within the submitted medical record. The Request for Authorization was dated 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg x60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs
Page(s): 105.

Decision rationale: The request for Pristiq 50 mg times 60 is not medically necessary. The California MTUS Guidelines recommend SNRIs as an option in first line treatments of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Within the submitted medical records there is no quantitative assessment of the injured worker's pain ratings that were recent and quantifiably accurate to determine the efficacy of the medication along with no documentation of the injured worker's increased functional gains as a result of utilizing the medication. Moreover, within the documentation it was noted that the injured worker had a decrease in functional activity and an increase in pain at that time. Without further documentation to assess the aforementioned deficiencies outlined within the review, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.