

Case Number:	CM14-0064647		
Date Assigned:	07/11/2014	Date of Injury:	04/09/2008
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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 60 year old female with a date of injury on 4/9/2008. The patient has been treated for back pain, neck pain, GI complaints and psychological co-morbidity. Subjective findings are of neck pain radiating down both arms, and low back pain radiating to the legs. Psychiatric symptoms include anxiety, depression, poor concentration, and insomnia. Physical exam shows restricted cervical range of motion, and muscle spasm, low back decreased range of motion and paravertebral muscle tenderness. Medications include Pristiq, Neurontin, Lidocaine ointment, and Dexilant, and Trazodone. Prior medications failures include Doxepin/Silenor, Rozerem, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg Tablet SR 24h SIG: 1 Tablet(s) every morning QTY: 30.00 REF 1:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain ; Antidepressants for chronic pain Official Disability Guidelines (ODG); Mental Illness and Stress; Desvenlafaxine (Pristiq).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-16.

Decision rationale: CA MTUS recommends antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first-line agents unless they are ineffective, poorly tolerated, or contraindicated. Pristiq is a SNRI antidepressant. CA MTUS states that SNRI's are approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has off-label indications for neuropathic pain and radiculopathy. This patient has neuropathic pain and concurrent anxiety and depression and has previously tried and failed tri-cyclic medications. Therefore, the request for Pristiq is consistent with guideline recommendations, and the medical necessity is established.