

Case Number:	CM14-0071588		
Date Assigned:	07/16/2014	Date of Injury:	05/12/1998
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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 Nevada. 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 52 year-old female who was reportedly injured on 5/12/1998. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 6/2/2014. The record indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated: mood remains depressed, it is stable however. Affect is blunted. No suicidal ideation. Concentration is fair. No diagnostic studies are submitted for review. Previous treatment includes lumbar laminectomy, medications, physical therapy, acupuncture, injections and facet blocks. A request was made for Pristiq 100mg #30 with 3 refills and was not certified in the pre-authorization process on 5/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 100mg one tab every morning #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Pristiq is a serotonin norepinephrine reuptake inhibitor (SNRI) drug in the same class of medications as Effexor. The California Medical Treatment Utilization Schedule

recommends the use of tri-cyclic anti-depressants as first line agents. The SNRI drugs are not recommended for the treatment of chronic pain with the exception of individuals that are concurrently being treated for an additional psychiatric diagnosis. After review the records of the medical records I was unable to identify failure of 1st line agents. Therefore, the request is considered not medically necessary.