

Case Number:	CM14-0073035		
Date Assigned:	07/16/2014	Date of Injury:	11/01/1995
Decision Date:	09/17/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/08/2014

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 injured worker is a 61-year-old female who was injured on November 01, 1995. The mechanism of injury is not stated. The most recent diagnosis is sprain of the left shoulder/arm (840.9). An evaluation dated March 03, 2014 had no relevant objective findings with the exception of Body Mass Index 33.5 and vital signs. A urine drug screen dated January 06, 2014 showed positive for cyclobenzaprine, hydromorphone, oxymorphone, and hydrocodone. Prior treatment also includes medical foods, gabadone and theramine, as well as a recommendation for a cortisone injection. The medical foods were reported to be of benefit and helped with sleep. A progress report, by a qualified medical evaluator dated February 20, 2014, indicates Pristiq 100 milligrams is being utilized to treat depression. A prior utilization review determination dated April 07, 2014 resulted in denial of one prescription of Pristiq 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PRISTIQ 100MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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: Web MD/Food and Drug Administration approval.

Decision rationale: The documentation submitted lists Pristiq in two different reports as a treatment for neuralgia and left rotator cuff tear. There is a narrative statement that Pristiq is for depression, and it is not listed in the request tables therefore, this request is not medically necessary.