

<b>Case Number:</b>	CM14-0082154		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 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 39-year-old male who has a reported injury on 06/15/2010. The diagnosis included cervical disc disease. Prior treatments included a shoulder surgery in 2010, therapy, medications, and activity modifications and injections. The documentation of 05/01/2014 revealed the injured worker had complaints of back pain, lumbar pain and cervical pain. The injured worker was noted to have undergone an epidural steroid injection on 04/01/2014. The current medications were noted to include hydrocodone, Dexilant, and Fetzima. The documentation revealed an objective examination where the injured worker exhibited moderate pain behaviors. The studies included an MRI of the thoracic and cervical spine, as well as an x-ray of the cervical spine, thoracic, and chest. The diagnoses additionally included right rotator cuff injury status post surgery and thoracic spine injury with spasm and pain. The treatment plan included a refill of the medication Fetzima 40 mg 1 by mouth once a day, tizanidine 4 mg tablets 1 by mouth 2 times a day, and Norco 10/325 one tablet every 4 hours as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fetzima 40mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review failed to provide the duration of use for the requested medication, however the documentation indicated the medication was being refilled. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Fetzima 40mg #30 with 3 refills is not medically necessary.