

Case Number:	CM14-0084210		
Date Assigned:	07/23/2014	Date of Injury:	12/02/1996
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas and Oklahoma. 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 female with a reported date of injury on 12/02/1996. The mechanism of injury was noted to be due to a fall. Her diagnoses were noted to include chronic neck and shoulder pain, degenerative disc disease to the cervical spine, status post anterior/posterior spinal fusion/failed back syndrome, and status post failed right carpal tunnel release. Her previous treatments were noted to include rest, ice, epidural injections, and exercise. The progress note dated 05/21/2014 revealed the injured worker complained of cervical and thoracolumbar spine pain radiating to the right/left shoulder rated 7/10. The injured worker complained of pain to the lumbosacral/sacroiliac region with radiating pain to the left buttock, hip, thigh, knee, calf, and foot rated 10/10. The injured worker complained of knee pain that was not radiating, numbness, or tingling. She rated her pain 2/10 and described the pain as constant. The physical examination to the head and neck noted cervical paraspinal musculature with bilateral spasm; tenderness; and upper trapezius musculature. A Gross Range of Motion Testing revealed painful and limited cervical range of motion. The paralumbar musculature was noted to have spasm and tenderness; and Gross Range of Motion Testing revealed painful and limited lumbar range of motion. The right lower extremity noted tenderness and edema to the medial joint line of the knee; and Gross Range of Motion Testing revealed painful range of motion, but relatively full. The request for authorization form was not submitted within the medical records. The request was for Pristiq 100mg tablets ER #30 with 5 refills; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 100mg tablet, extended release, #30, refills x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin Noradrenaline Reuptake Inhibitors (SNRIs), Antidepressants Page(s): 105, 13.

Decision rationale: The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend Serotonin Noradrenaline Reuptake Inhibitors as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. The guidelines recommend antidepressants as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of documentation regarding efficacy of this medication and the injured worker was not shown to have a diagnosis of depression though she does have complaints of radiating pain. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Pristiq 100mg tablets ER #30 with 5 refills is not medically necessary.