

Case Number:	CM14-0086547		
Date Assigned:	07/23/2014	Date of Injury:	08/19/2009
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Washington. 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 38-year-old female who reported an injury on 08/19/2009. The mechanism of injury was noted to be a shelf falling on top of her head. Her diagnoses were noted to be cervical syndrome, chronic post-traumatic headache, migraine, brachial neuritis, and head injury. Prior treatment was noted to be medications. The injured worker had a Psychiatric Evaluation on 07/15/2014. As noted in the medical history, the injured worker stated she had recurrent headaches, aches and pain in the neck, back and shoulders. The Mental Status Examination noted the injured worker extremely anxious, very nervous and fidgety, irritable. Her mood was profoundly depressed. Affect was labile. She was tearful during the interview. She admitted to having some morbid thoughts, feelings of helplessness and hopelessness, not overly psychotic. She denied any auditory or visual hallucinations. Her cognitive function was largely intact. She was oriented to time, place and person. Her memory of recent and past events was fair. Her attention and concentration was fair. Her insight and judgment was fair. The recommendation was for psychiatric care and treatment. The provider's rationale for the request was not within the documentation submitted for review. There was not a Request for Authorization Form provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRI's Page(s): 105, 13-14.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend neither serotonin nor adrenaline reuptake inhibitors as an option in first line treatment of neuropathic pain, especially if Tricyclics are ineffective, poorly tolerated, or contra-indicated. 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 contra-indicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The 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. Side effects, including excessive sedation should be assessed. The documentation submitted for review does not indicate a first line approach with a tricyclic medication. The assessment notes the injured worker more depressed and having nightmares and bad dreams, unable to sleep well at night. In addition, to the side effects, the provider's request fails to indicate a dosage frequency. Therefore, the request for Pristiq 50 mg quantity 30 times 3 refills is not medically necessary.