

<b>Case Number:</b>	CM14-0092779		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 40-year-old female with a 9/29/11 date of injury. At the time (5/29/14) of the request for authorization for Pristiq ER 50mg 30 tablets between 6/11/14-7/26/14 and Norco 10/325 mg 90 tablets between 6/11/14-7/26/14, there is documentation of subjective (increased pain and tingling in her hand and is starting to have depression due to increased pain) and objective (tenderness is noted at the trapezius, movements of neck are restricted, tenderness is noted in the cervical spine, tenderness noted over the lateral epicondyle, right wrist range of motion is restricted, Tinel's sign is positive, tenderness to right 1st carpometacarpal joint with palpation, tenderness is noted over the thenar eminence, motor strength of grip is 4/5 on the right) findings, current diagnoses (hand pain, carpal tunnel syndrome, and spasm of muscle), and treatment to date (medication including Norco for at least 5 months). In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Norco 10/325 mg 90 tablets between 6/11/14-7/26/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pristiq ER 50mg 30 tablets between 6/11/14-7/26/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of hand pain, carpal tunnel syndrome, and spasm of muscle. In addition, there is documentation of chronic pain and depression. Therefore, based on guidelines and a review of the evidence, the request for Pristiq ER 50mg 30 tablets between 6/11/14-7/26/14 is medically necessary.

**Norco 10/325 mg 90 tablets between 6/11/14-7/26/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of hand pain, carpal tunnel syndrome, and spasm of muscle. In addition, there is documentation of ongoing treatment with Norco. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg 90 tablets between 6/11/14-7/26/14 is not medically necessary.