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| Case Number: | CM14-0099539 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 08/02/2007 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Family 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 59 year old male who was injured on 08/02/07 while moving items from one office to another resulting in chronic low back pain. Neither the specific injuries sustained nor the initial treatments rendered were addressed in the documentation submitted for review. Current diagnoses include bilateral lumbar radiculopathy, failed back surgery syndrome, L4-S1 fusion, lumbar post laminectomy syndrome, and neuropathic pain. Clinical note dated 06/11/14 indicated the injured worker complains of bilateral low back pain radiating to buttocks, bilateral posterolateral thigh, calves and feet with numbness and paresthesia. The injured worker indicated the pain is exacerbated by prolonged sitting, standing, lifting, twisting and driving. Pain is alleviated by lying on his back and medications. Physical examination revealed tenderness of the lumbar paraspinal muscles, with bilateral lower extremity range of motion restricted by pain in all directions. Lumbar ranges of motion were restricted by pain, with lumbar flexion worse than extension. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion were positive bilaterally. Clinical note dated 06/20/14 indicated the injured worker complains of low back pain and bilateral leg pain. The injured worker indicated that overall pain is quite significant. The injured worker stated that he is trying to be active as he can. Physical examination revealed plantarflexors and dorsiflexors are quite weak and rated as 4/5 bilaterally. This is unchanged from last visit. Sensation is decreased at the level of L4 and L5 distribution bilaterally. Clinical note dated 07/18/14 indicated the injured worker low back and bilateral leg pain. Physical examination is unchanged since last visit. Medications include tramadol ER150mg twice a day, Neurontin 600mg three times a day Naproxen 550mg twice a day, Norflex 20mg twice a day and omeprazole twice a day. Clinical note dated 07/25/14 indicated the injured worker complains of low back pain radiating to buttocks and bilateral posterior thigh and calves, and feet with numbness and paresthesia. Clinical note indicated the

injured worker had psychological consultation on 07/10/14 and was cleared for spinal cord stimulator trial. Physical examination revealed tenderness of the lumbar paraspinal muscles, with bilateral lower extremity range of motion restricted by pain in all directions. Lumbar ranges of motion were restricted by pain, with lumbar flexion worse than extension. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion were positive bilaterally. Plan of management include recommendations for Vicodin 5-325mg three times a day, temazepam 7.5mg and Pristiq 50mg. The previous request for Pristiq 50mg #30 with 3 refills was certified with modification to #30 with 1 refill on 06/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 45.

Decision rationale: As noted on page 45 of the Chronic Pain Medical Treatment Guidelines, Venlafaxine is recommended as an option in first-line treatment of neuropathic pain. It has Food and Drug Administration approval for treatment of depression and anxiety disorders. 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. Clinical documentation indicated the injured worker had recent psychological consultation and was cleared of any untoward symptom. As such, the request for Pristiq 50mg #30 with 3 refills is recommended as medically necessary.