

Case Number:	CM14-0011130		
Date Assigned:	02/21/2014	Date of Injury:	12/05/2000
Decision Date:	09/08/2015	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 46 year old female, who sustained an industrial injury on December 05, 2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbago, Raynaud's syndrome, and reflex sympathetic dystrophy of the lower limb. Treatment and diagnostic studies to date has included status post spinal tap, medication regimen, electromyogram of the right upper extremity, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right knee, magnetic resonance imaging of the right wrist, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the brain, and status post removal of a pituitary adenoma. The documentation from August 02, 2013 noted a medication regimen that included Pristiq, Lidoderm Patches, Thera-Tramadol, and Tramadol Topical Cream. In addition to the above listed medications, the progress note from September 12, 2013 included the medications Sonata and Levothyroxine. In a progress note dated October 24, 2013 the treating physician reports complaints of continued generalized body pain, chronic fatigue, and difficulty sleeping, and morning gel phenomenon. The treating physician did not include the injured worker's current medication regimen on this date. The progress notes provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested Pristiq 50mg with a quantity

of 60 noting previous use of this medication. The treating physician also requested transportation to and from all doctor appointments, but the documentation provided did not indicate the specific reason for the requested assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all doctor's appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg(updated 01/09/2014), Transportation (to & from Appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/200_299/0218.html.

Decision rationale: Pursuant to the █████ Clinical Policy Bulletin: Home Health Aides, transportation to and from all doctor appointments are not medically necessary. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. █████ does not consider transportation to be medically necessary. See the attached link for additional details. In this case, the injured worker's working diagnoses are lumbago; Raynaud's syndrome; and reflex sympathetic dystrophy lower limb. The date of injury is December 5, 2000. Request for authorization is January 3, 2014. The most recent progress note by the requesting provider is dated October 24, 2013. There is no contemporary clinical documentation in the medical record on or about the date of request for authorization January 3, 2014. Subjectively, according to the October 24, 2013 progress note, the injured worker complains of total body pain and chronic fatigue. Objectively, there is a normal neurological evaluation. There are no documented gait abnormalities. The examination was otherwise unremarkable. █████ does not consider transportation to be medically necessary. Consequently, absent clinical documentation with a clinical indication and rationale for transportation in conjunction with guideline non-recommendations pursuant to the █████ Clinical Policy Bulletin, transportation to and from all doctor appointments are not medically necessary.

Pristiq 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (updated 11/18/2013), Desvenlafaxine(Pristiq).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Pristiq.

Decision rationale: Pursuant to the Official Disability Guidelines, Pristiq 50 mg #60 is not and got was the generic name is that yet medically necessary. Pristiq is recommended for depression

and as an option in first-line treatment of neuropathic pain, especially if try cycling's are ineffective, poorly tolerated or contraindicated. Pristiq is a serotonin and norepinephrine reuptake inhibitor. In this case, the injured worker's working diagnoses are lumbago; Raynaud's syndrome; and reflex sympathetic dystrophy lower limb. The date of injury is December 5, 2000. Request for authorization is January 3, 2014. The most recent progress note by the requesting provider is dated October 24, 2013. There is no contemporary clinical documentation in the medical record on or about the date of request for authorization January 3, 2014. Subjectively, according to the October 24, 2013 progress note, the injured worker complains of total body pain and chronic fatigue. Objectively, there is a normal neurological evaluation. There are no documented gait abnormalities. There is no documentation of depression in the medical record. There is no clinical discussion, indication or rationale for Pristiq in the October 24, 2013 progress note. Consequently, absent contemporary clinical documentation with a clinical indication and rationale for Pristiq and clinical symptoms compatible with depression, Pristiq 50 mg #60 is not medically necessary.