

Case Number:	CM14-0111530		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2005
Decision Date:	05/05/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic pain syndrome and major depressive disorder (MDD) reportedly associated with an industrial injury of March 4, 2005. In a Utilization Review report dated July 8, 2014, the claims administrator partially approved a request for Pristiq with multiple refills and failed to approve a knee brace. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant reported ongoing complaints of knee pain. The applicant was using Pristiq for depression and anxiety. The attending provider stated that Pristiq had attenuated some of the applicant's mood issues, claustrophobia, and issues with anxiety. The applicant was also using Remeron and Ativan, it was further noted. The applicant had undergone a gastric bypass surgery, earlier wrist surgery, earlier shoulder surgery, and earlier knee surgery. Pristiq was refilled. The applicant's permanent work restrictions were likewise renewed. The applicant's gait was not clearly described on this occasion. On September 29, 2014, the applicant reported ongoing complaints of upper and lower extremity pain, depression, and anxiety. The applicant denied suicidal thoughts or hallucinations, however. The applicant did exhibit an antalgic gait, it was noted on this occasion. Pristiq and permanent work restrictions were both renewed. The applicant did not appear to be working with previously imposed permanent limitations, it was suggested. On August 15, 2014, it was again acknowledged that Pristiq was attenuating the applicant's issues with depression and anxiety. The applicant had apparently already received the knee brace which was the subject of dispute, it was acknowledged. Pristiq and permanent work restrictions were renewed. The applicant was using medical marijuana, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Knee - Unloader brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: No, the right knee unloader brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, knee braces are usually unnecessary. Rather, ACOEM notes that knee braces are generally necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, the applicant was seemingly off of work following imposition of permanent work restrictions. There was no mention of the applicant's being particularly active in an alternate capacity, such as by climbing ladders or carrying boxes at home. Therefore, the request was not medically necessary.

Pristiq ER 50mg #60 x 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Major Depressive Disorder (MDD).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Conversely, the request for Pristiq, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Pristiq may be helpful to attenuate symptoms of depression. Here, the applicant has seemingly been using Pristiq for several months as of the date of the request, with seemingly good effect. The applicant stated that ongoing usage of Pristiq was effectively attenuating ongoing issues with depression and anxiety. The applicant stated on several occasions that his depressive symptoms had been effectively attenuated and his mood augmented following introduction of Pristiq. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.