

<b>Case Number:</b>	CM14-0192909		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	01/11/1997
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 58-year-old male with a 1/11/97 date of injury. At the time (11/6/14) of request for authorization for Pristiq 50 mg, thirty count with two refills, there is documentation of subjective (increasing low back pain) and objective (tenderness across the low back, extension 10 degrees increases back pain) findings, current diagnoses (lumbar sprain, lumbar degenerative disc disease, lumbar degenerative joint disease; obesity; deconditioning; chronic pain associated with mood disorder/depression; and opiate tolerant), and treatment to date (exercises and medications (including ongoing treatment with Alprazolam, Amitiza, Aspirin, Lunesta, Oxycodone, and Oxycontin)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pristiq 50 mg, thirty count with two refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**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, Desvenlafaxine (Pristiq)

Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. 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. ODG identifies documentation of depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated, as criteria necessary to support the medical necessity of Pristiq (desvenlafaxine). Within the medical information available for review, there is documentation of diagnoses of lumbar sprain, lumbar degenerative disc disease, lumbar degenerative joint disease; obesity; deconditioning; chronic pain associated with mood disorder/depression; and opiate tolerant. In addition, there is documentation of chronic pain and depression. Therefore, based on guidelines and a review of the evidence, the request for Pristiq 50 mg, thirty count with two refills is medically necessary.