

Case Number:	CM14-0193344		
Date Assigned:	12/31/2014	Date of Injury:	04/25/2013
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	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 Psychiatry, 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:

Injured worker is a 31 year old female with date of injury 4/25/2013. Date of the UR decision was 11/4/2014. She encountered repetitive strain injury with persistent neuropathic pain including median neuritis as well as upper back and neck pain. She had a favorable response to carpal tunnel injections. Per report dated 10/16/2014, the injured worker has been diagnosed with bilateral carpal tunnel syndrome and bilateral wrist ganglion cysts. Per the report, her pain level was reported as between 2-7/10, she was experiencing trouble sleeping. It was indicated that acupuncture had been helping and she had 4 sessions left at that visit and that was improving her ability to handle grasping and handling. Physical examination revealed tightness and tenderness tipper back/neck. She had decreased sensation both hands, equivocally in the median distribution. It was suggested that Pristiq 100mg at bedtime was being prescribed for chronic pain, neuropathic pain. She was also being prescribed Seroquel 50 mg at bedtime as a mood stabilizer adjunct for the Pristiq for the chronic neuropathic pain per that report. Other medications being prescribed for her per that per the report were Lyrica and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50 mg quantity 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs Page(s): 105.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov - Pristiq.

Decision rationale: Per FDA.gov, Pristiq, a serotonin and norepinephrine reuptake inhibitor (SNRI) is indicated for the treatment of major depressive disorder (MDD). The use of Pristiq in this case is off label for neuropathic pain as it does not have a FDA approval so far. Thus, the request for Pristiq 50 mg quantity 60 with 2 refills is excessive and not medically necessary.