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| Case Number: | CM14-0201974 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 12/23/2013 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

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 Internal 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 patient is an injured worker with a history of lumbosacral back injury and generalized anxiety disorder. The patient sustained an injury on 12/23/13. Regarding the mechanism of injury, the patient was digging trenches, bending forward, and pulling. The patient developed severe lower back pain and severe left leg pain. The patient was treated with medications, acupuncture, physical therapy, and home exercises. The patient underwent a fluoroscopic-guided L5-S1 epidural steroid injection on 1/15/14. Medications included Effexor XR and Ibuprofen. MRI magnetic resonance imaging of the lumbar spine dated 1/8/14 documented multiple levels of desiccation from L3-L4 through L5-S1, mild disc space narrowing at L4-L5, and moderate severe disc space narrowing and grade 1 spondylolisthesis at L5-S1. Pars defects were seen bilaterally at L5 on sagittal as well as axial images. Bilateral L3-L4 broad-based bulge, left L4-L5 disc protrusion herniation with probable caudally migrated fragment, and bilateral L5 pars defects with associated subarticular and lateral recess stenosis worse on the left were noted. Progress Notes dated 10/31/14 documented that there was significant pain. The pain was primarily in the left buttock and hip region, and had persistent distal left lower extremity weakness. On physical examination, there was a limping gait on the left, The motor strength testing was 4/5 on the left tibialis anterior, left peroneal, left posterior tibialis and left extensor hallucis longus. There was difficulty walking on the left heel. The sensory examination revealed decreased sensation on the left L5 dermatome. The physician recommended anterior L5-S1 discectomy and interbody fusion and simultaneous L4-L5 artificial disc replacement, followed immediately by posterior L5-S1 segmental pedicle screw and rod fixation. The patient has left L4-L5 disc herniation with left leg sciatic pain and radiculopathy. The patient has lower back and left leg pain symptoms related to the segmental instability at the L5-S1 spondylolisthesis level. The patient was diagnosed with grade 1 spondylolisthesis at L5-S1 level, herniation of

Inter vertebral disc between L4 and L5, left L4-L5 with radiculopathy, lumbar stenosis at L4-L5 and L5-S1, lumbar spondylosis with myelopathy at L4-L5 and L5-S1, spondylosis of lumbar region without myelopathy or radiculopathy at L3-L4 and sciatica of the left side. The treatment plan included a request for Pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Pristiq 50 mg, thirty counts (#2): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 1.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Serotonin noradrenaline reuptake inhibitors (SNRI) are recommended as an option in first-line treatment of neuropathic pain. Medical records document lumbosacral spine conditions, generalized anxiety disorder, neuropathic pain, and chronic pain. MTUS guideline supports the use of antidepressants for chronic pain. Therefore, the request for Pristiq, a serotonin and norepinephrine reuptake inhibitor (SNRI) is supported by MTUS. Therefore, the request for Refill of Pristiq 50 mg, thirty counts (#2) is medically necessary.

Refill of Pristiq 50 mg, thirty count (#3): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 1.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Serotonin noradrenaline reuptake inhibitors (SNRI) are recommended as an option in first-line treatment of neuropathic pain. Medical records document lumbosacral spine conditions, generalized anxiety disorder, neuropathic pain, and chronic pain. MTUS guideline supports the use of antidepressants for chronic pain. Therefore, the request for Pristiq, a serotonin and norepinephrine reuptake inhibitor (SNRI) is supported by MTUS. Therefore, the request for Pristiq 50 mg, thirty counts (#3) is medically necessary.

