

<b>Case Number:</b>	CM14-0211201		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Physical Medicine Rehab 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:

This 60-year-old patient sustained an injury to the left elbow, left wrist and psyche on 4/20/09 from a fall while employed by [REDACTED]. Request(s) under consideration include Fetzima Cap 40 mg, #30. Diagnoses include anxiety and major depression. Medications list Latuda, Fetzima, and Ambien. The patient continues to treat for chronic ongoing symptom complaints. Peer review of 9/26/14 modified one-time one month support of Latuda and Fetzima for patient noted to have signs and symptoms suggestive of schizophrenia. Request from peer review for documented prior failed first-line trial with TCA antidepressants. The patient was provided with some free samples and spouse was advised to pick up medications at the pharmacy. Follow-up report noted patient with progressive improvement with samples of medications given; however, the wife has not yet filled the prescription at the pharmacy. The request(s) for Fetzima Cap 40 mg, #30 was non-certified on 12/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fetzima Cap 40 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

**Decision rationale:** Fetzima (levomilnacipran) is a type of antidepressant called a serotonin and norepinephrine reuptake inhibitor (SNRI) used to treat Major Depressive Disorder (MDD). MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine Reuptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2009 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Fetzima Cap 40 mg, #30 is not medically necessary and appropriate.