MAXIMUS Federal Services

Case Number:	CM14-0078718		
Date Assigned:	07/18/2014	Date of Injury:	12/07/2012
Decision Date:	02/03/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 Pain Management, has a subspecialty in Interventional Spine, 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 a 30-year-old male with an injury date of 12/07/2012. Based on the 01/28/2014 progress report, the patient complains of persistent pain in his neck and midback. "He is not doing well. He has severe pain." "In fact, he was not able to even participate on aqua therapy because he was in too much pain." The 02/26/2014 report states that the patient continues to have pain in his neck and midback. He also has pain in his left knee and it clicks. There is some tenderness at the joint. The 04/30/2014 report indicates the patient rates his pain as an 8/10. He describes his pain as being aching, deep, dull, pressure, sharp, stabbing, grinding, stiff, and spasms. The patient also has very bad headaches every time he turns his head and pain shoots down his spine. The patient continues to have back pain, which he rates as 8/10. He also has cervical and thoracic spine pain. "He clearly has an SI joint injury, vertebral fractures, headache, disk injuries, fatigue, decreased energy, and very, very poor functioning for the ancillary factors besides that pain. He has foot, leg pain with neuropathic dysesthesias, and weakness in his left leg with left gait instability. The patient's diagnoses include the following:Neck pain/C6 compression fracture. C-spine also shows compression of the vertebral body at C6 level.Thoracic pain/thoracic compression fracture. X-ray of thoracic spine shows compression fracture with 50% reduction of the height at T6.Left knee pain.The utilization review determination being challenged is dated 05/16/2014. There were treatment reports provided from 10/07/2013 - 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fetzima 40mg (No Quantity Specified): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions,Chronic Pain Treatment Guidelines Antidepressants Page(s): 13,14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient presents with neck pain, midback pain, and low back pain. The request is for FETZIMA 40 MG (QUANTITY NOT SPECIFIED). There was no rationale provided.Fetzima is a selective serotonin and norepinephrine reuptake inhibitor antidepressant (SNRI). Regarding antidepressants, MTUS Guidelines, page 13-15, chronic pain medical treatment guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week whereas antidepressant effects take longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain.It appears as though this is the patient's first trial of Fetzima. The patient is currently taking Motrin, Methadone, and Norco. In this case, the patient has foot pain, leg pain with neuropathic dysesthesias, and weakness in his left leg with left gait instability. The patient also has very bad headaches every time he turns his head and pain shoots down his spine. Given that the patient has neuropathic pain, a trial of Fetzima appears to be reasonable. The requested Fetzima IS medically necessary.

Motrin 800mg (No Quantity Specified): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67,68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; medication for chronic pain Page(s): 22; 60.

Decision rationale: The patient presents with neck pain, midback pain, and low back pain. The request is for MOTRIN 800 MG (NO QUANTITY SPECIFIED). There was no rationale provided.Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. It appears as though this is the patient's first trial of Motrin. The patient is currently taking Fetzima, Methadone, and Norco. In this case, the patient presents with chronic low back pain which is indicated by guidelines. The requested Motrin IS medically necessary.