

Case Number:	CM14-0096490		
Date Assigned:	07/28/2014	Date of Injury:	12/15/2009
Decision Date:	01/02/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic Surgery, has a subspecialty in Adult Reconstruction Surgery and is licensed to practice in Pennsylvania. 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 injured worker is a 33-year-old male who reported an injury of unspecified mechanism on 12/15/2009. On 07/02/2014, his diagnoses included displacement of lumbar intervertebral disc without myelopathy. This clinical assessment concluded a likely diagnosis of cervical facet capsular tears, bilateral shoulder impingement syndrome, likely lumbosacral disc disruption and concomitant facet capsular tears, hip intra-articular pathology with potentially overlapping SI joint pathology, adjustment disorder, depression, inability, fatigue, poor concentration and sleep disturbance. His complaints included back stiffness and numbness in both legs with radicular pain bilaterally in the lower extremities. Movement of the lumbar spine exacerbates his condition. The severity of his pain was 8/10. He was also experiencing cervical pain with numbness and tingling in both arms with radicular pain bilaterally. His upper extremity pain was rated at 4/10 to 5/10. He also complained of shoulder pain rated 7/10. His medications included Celebrex 200 mg, ibuprofen 800 mg, Norco 10/325 mg, Pennsaid topical solution and Pristiq 50 mg. The rationale for the requested Pristiq was quotes from the California ACOEM and Official Disability Guidelines. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50 mg 2PO QD #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Antidepressants

Decision rationale: The California ACOEM Guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Longstanding character issues, not depression, may be the underlying issues. The Official Disability Guidelines recommend antidepressants, although not generally as a standalone treatment. Antidepressants have been found to be useful in treating depression, including depression in physical ill patients. It was found that combined therapy of antidepressant medication plus psychotherapy was found to be more effective than psychotherapy alone. Antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. There was no psychological evaluation of this injured worker included in the document. There were no psychometric instruments utilized to determine his level of depression. The need for continued use of Pristiq was not clearly demonstrated in the submitted documentation. Therefore, this request for Pristiq 50 mg 2PO QD #60 with 3 refills is not medically necessary.