

Case Number:	CM15-0136372		
Date Assigned:	07/24/2015	Date of Injury:	12/23/2004
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 46-year-old female, who sustained an industrial injury on December 23, 2004. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, physical therapy, chiropractic care, trigger point injections, medications and home exercise program. Currently, the injured worker complains of chronic neck pain rated 8 on 10 and increased level of anxiety. She is reporting sleep disturbance due to the pain (8 on 10). She is diagnosed with displacement of cervical intervertebral disc without myelopathy and depression secondary to the industrial injury. A note dated May 13, 2015 states the injured worker experienced benefit from trigger point injections that lasted for several weeks. The note states the injured worker received trigger point injections with immediate anesthetic benefit. The note also states the injured worker attempted suicide due to the increase in stressors and was hospitalized. The outcome from a home exercise program, physical therapy and chiropractic care were not included in the documentation. The injured worker is currently in the process of tapering off Percocet and Lunesta has been discontinued. The continued use of the medication Pristiq ER 100 mg #30 with 4 refills is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq ER (extended release) 100 mg Qty 30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pristiq, <http://www.rxlist.com/pristiq-drug.htm>.

Decision rationale: PRISTIQ is an extended-release tablet for oral administration that contains desvenlafaxine succinate, a structurally novel SNRI for the treatment of MDD. Desvenlafaxine (O-desmethylvenlafaxine) is the major active metabolite of the antidepressant venlafaxine, a medication used to treat major depressive disorder.

(<http://www.rxlist.com/pristiq-drug.htm>).

There is no documentation of efficacy of previous use of Pristiq for pain management or functional improvement. Furthermore, there is no documentation that the patient is suffering of neuropathic pain. Therefore Pristiq ER (extended release) 100 mg Qty 30 with 4 refills is not medically necessary.