

Case Number:	CM15-0139573		
Date Assigned:	07/29/2015	Date of Injury:	12/30/2003
Decision Date:	08/26/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old male who sustained an industrial injury on 12.30.03 when he fell onto both knees in a moving truck. He was diagnosed with a torn anterior cruciate ligament of the right knee. He had an MRI and underwent a right knee chondroplasty, partial medial meniscectomy, partial lateral meniscectomy and anterior cruciate ligament reconstruction. He has had prior left knee surgery in 2001. He currently complains of bilateral knee pain, low back pain. On physical exam of the lumbar spine there was spasm and guarding, decreased sensation in the left L5 dermatome; the knees reveal guarding and tenderness, crepitus bilaterally and joint line tenderness, bilateral circumferential tenderness. He uses an electric wheel chair for ambulation but needs a battery. Medications were Senekot, Norco, Flector Patch, Pristiq. Diagnoses include pain in joint, lower leg; status post bilateral anterior cruciate ligament reconstruction; bilateral knee osteoarthritis. Treatments to date include knee brace; medications. Diagnostics include right knee MRI (2006) showing moderate tricompartmental osteoarthritis and a full thickness fistula in the medial trochlea; MRI of the left knee (2006) showing a tear of the posterior horn of the medial meniscus and probable tear of posterior horn of the lateral meniscus. In the progress note dated 5.21.15 the treating provider's plan of care includes a request for Pristiq ER 50 mg #30. Per 5.21.15 note since starting this medication he has improved function and improved activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq ER 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Illness Chapter; Pain Chapter SNRIs (serotonin noradrenaline reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 12-13.

Decision rationale: Pristiq ER 50 mg #30 is not medically necessary. CA MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Pristiq ER is a serotonin and norepinephrine reuptake inhibitor. Per Ca MTUS SNRIs is a class of antidepressants that inhibit serotonin and noradrenaline reuptake. These medications are controversial based on controlled trials. It is been suggested that the main role of SNRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SNRIs and pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics which is recommended by CA MTUS as first line therapy. The request is not medically necessary.