

<b>Case Number:</b>	CM15-0189080		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/20/1980
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 York, Tennessee

Certification(s)/Specialty: Emergency 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 57 year old male, who sustained an industrial injury on May 20, 1980, incurring upper and lower back and lower extremity injuries. He was diagnosed with lumbar disc disease, lumbar radiculopathy, cervical degenerative disc disease and cervical radiculopathy. Treatment included pain medications, anti-inflammatory drugs, physical therapy, Electromyography studies, multiple surgical interventions and activity restrictions and modifications. Currently, the injured worker complained of persistent low back pain, stiffness, weakness and radicular pain in both lower extremities and bilateral knee pain. Range of motion with flexion and extension of the hips worsened the pain. A lumbar Magnetic Resonance Imaging showed multilevel degenerative disc disease with disc protrusions and stenosis. He complained of increased lumbar and hip pain rated 7 out of 10 on a pain scale from 1 to 10. He noted bilateral foot drop and muscle atrophy causing frequent falls. He complained of increased neck pain with painful limited range of motion. Cervical Magnetic Resonance Imaging revealed degenerative disc disease and facet arthropathy. He was diagnosed with persistent chronic upper and lower back pain secondary to degenerative disc disease and peripheral neuropathy. The treatment plan that was requested for authorization on September 25, 2015, included a prescription for Fetzima 40 mg. On September 14, 2015, a request for a prescription for Fetzima 40 mg was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fetzima 40 mg, prescription:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Antidepressants for treatment of MDD (major depressive disorder).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Letter on Drugs and Therapeutics, Issue 1432, December 13, 2013: Levomilnacipran (Fetzima): A New SNRI for Depression.

**Decision rationale:** Fetzima is Levomilnacipran, a serotonin and norepinephrine reuptake inhibitor (SNRI), for treatment of major depressive disorder. SNRIs, such as venlafaxine (Effexor, and generics) and duloxetine (Cymbalta, and generics), are considered a first-line option for treatment of major depression, particularly for patients who also have neuropathic pain or fibromyalgia. Adverse effects of levomilnacipran have included nausea, constipation, hyperhidrosis, increased heart rate, palpitations, vomiting, testicular pain, urinary hesitation, and erectile dysfunction; urinary hesitation and erectile dysfunction appeared to be dose-dependent. Like all SNRIs, levomilnacipran can cause an increase in blood pressure, which should be well-controlled before starting treatment. There is no evidence that Fetzima offers any clinical advantage over other SNRIs. In the absence of long-term or comparative data, SSRIs and SNRIs with better established records of efficacy and safety are preferred. In this case there is insufficient documentation in the medical record to support the diagnosis of major depressive disorder. Medical necessity has not been established. The request is not medically necessary.