

Case Number:	CM15-0194175		
Date Assigned:	10/08/2015	Date of Injury:	09/16/2004
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 9-16-04. The injured worker was diagnosed as having chronic intractable right shoulder pain; chronic intractable cervical myofascial pain with cervical degeneration; chronic post-traumatic headaches with history of exacerbation; chronic post-traumatic depression and anxiety; chronic right carpal tunnel syndrome with chronic right ulnar nerve entrapment with history of left carpal tunnel in the past; Chronic neuropathic pain right shoulder and neck area; major depressive disorder, recurrent, stable. Treatment to date has included status post right shoulder surgery (9- 2005); psychological therapy; medications. Currently, the PR-2 notes dated 9-15-15 indicated the injured worker presented for a regular psychiatric follow-up and reports doing fairly well. The provider documents "He denied being depressed most of the time. He sleeps well." He enjoys things like walking, doing chores at home, yard and garden work and has no feelings of hopelessness or helplessness. His energy and concentration and appetite are reported as "good". He has no psychomotor agitation, retardation, no suicidal or homicidal ideation and is compliant with medications with no side-effects. The provider's treatment plan was to continue Fetzima 40mg daily for his depression. He will continue seeing him for his psychotropic medication management and supportive therapy. A PR-2 note dated 5-18-15 indicated the injured worker had been prescribed and taking Fetzima 40mg daily for depression. No definitive start date for this medication, and note indicated the injured worker was alert and oriented x3, cooperative and made good eye contact. His speech was normal in rate and rhythm, and volume. His mood was "euthymic, affect appropriate, thought process was linear; thought content was devoid of any suicidal ideations, homicidal ideations or auditory or visual hallucinations. He has

fair cognition, insight and judgment", per the provider's documentation. A Request for Authorization is dated 10-2-15. A Utilization Review letter is dated 9-23-15 and modified the certification for 1 Prescription of Fetzima 40mg #30 with 1 refill for certification of 1 prescription of Fetzima 40mg #30 with no refills. A request for authorization has been received for 1 Prescription of Fetzima 40mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Fetzima 40mg #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: Fetzima is an SNRI anti-depressant. According to the guidelines, it may be used for major depression. In this case, the claimant was under the care of a psychiatrist for over a year. The claimant was previously on Vibryid but is currently effectively managed on Fetzima. The continued use of Fetzima is appropriate and medically necessary.