MAXIMUS Federal Services

| Case Number: | CM15-0198286 | | |
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| Date Assigned: | 10/13/2015 | Date of Injury: | 03/05/2012 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/26/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

## 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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

## 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 43-year-old male, with a reported date of injury of 03-05-2012. The diagnoses include major depression. Treatments and evaluation to date have included bilateral decompressions, Norco, and Tramadol. The diagnostic studies to date have not been included in the medical records. The medical report dated 09-15-2015 indicates that the injured worker complained of pain about the right elbow, which was rated 5 out of 10. He had paresthesias of both hands and pain about the right hand and right knee, which was rated 5 out of 10. It was noted that that injured worker stated that he felt bad all the time because he was not able to do what he wanted to do. He described frustration, and reported that his sleep was disturbed by pain and worry. The injured worker admitted to having depression, loss of interest, cognitive impairment, fatigue, anxiety, anger, fluctuations in eating and sleep patterns, irritability, moodiness, anxious worry, impaired self-image, and recurrent dreams. The mental status examination showed no acute distress; no evident pain behaviors; an appropriate affect; no evidence of thought disorder; denial of hallucinosis, violence, or delusional ideations; and no notable cognitive deficit. It was noted that the injured worker presented with a depressive disorder secondary to his multiple injuries and the consequences. The injured worker had been given samples of Pristiq after an explanation of the potential advantages and possible side effects. The treating physician indicated that the medications was chosen as it may also improve some of the injured worker's pain complaints. The request for authorization was dated 09-15-2015. The treating physician requested Pristiq 50mg with probable increase to 100mg. On 09-26-2015, Utilization Review (UR) non-certified the request for Pristiq 50mg with probable increase to 100mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pristiq 50mg with probable increase to 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) tress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** ODG states "MDD (major depressive disorder) treatment, severe presentations; The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker suffers from major depressive disorder. Per the most recent progress report dated 9/15/2015, he presented with symptoms of depression, loss of interest, cognitive impairment, fatigue, anxiety, anger, fluctuations in eating and sleep patterns, irritability, moodiness, anxious worry, impaired self-image, and recurrent dreams. It was suggested that he had been given samples of Pristiq and that the treating physician indicated that he chose this medication in this case as it could also improve some of the injured worker's pain complaints. The request for Pristiq 50mg with probable increase to 100mg does not specify the quantity being requested and thus is not medically necessary.