MAXIMUS Federal Services

Case Number:	CM15-0223787		
Date Assigned:	11/19/2015	Date of Injury:	04/19/2012
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/13/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 37 year old female who sustained an industrial injury on 4-19-12. Medical records indicate that he injured worker has been treated for depressive disorder. She currently (10-6-15) is using Pristiq daily and is more relaxed, less crying with no side effects. She still has some anxiety and decreased libido. She is able to attend sessions of English as a second language for 3 hours a day and is able to enjoy the encounters. Objectively her insight was fair and the remaining exam normal. In the 9-1-15 note, she exhibited inertia and fatigue, which has resolved. In the past, she has had crying, decreased energy, socialization since 5-2012 per the 7-20-15 note and has no history of psychiatric issues. Per the 7-20-15 note, her physical symptoms were low back pain with a pain level of 6 out of 10; discomfort in her legs, arms, neck and upper back with a pain level of 6 out of 10. She has had psychiatric evaluations. In the 10-6- 15 treating provider's plan of care there was a request to increase Pristiq. The request for authorization dated 10-8-15 was for Pristiq 50mg #60. On 10-16-15 Utilization review non-certified the request for Pristiq 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Pristiq 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors). Decision based on Non-MTUS Citation www.pdr.net.

Decision rationale: Pristiq (desvenlafaxine) is an antidepressant in a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SNRIs). SNRI's are FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guidelines, page 14, there are studies specifically looking at the efficacy of SNRI's in the treatment of low back pain. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Both the CA MTUS and ODG were silent on the dosing of Prestiq; therefore, www.PDR.net was consulted. This resource recommends the following: Prestiq is indicated for the treatment of Major Depressive Disorder - 50mg qd.50-400mg/day were effective; no additional benefit at doses >50mg/day and more frequent adverse reactions reported at higher doses. In this case, the cited guidelines do not recommend increasing the dose of Prestiq greater than 50mg as indicated by the treatment plan in the submitted documentation. Therefore, the request is not medically necessary.