

Case Number:	CM15-0051453		
Date Assigned:	03/24/2015	Date of Injury:	08/17/2008
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/18/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 52 year old female sustained an industrial injury to the low back on 6/17/08. Previous treatment included magnetic resonance imaging, radiofrequency ablation and medications. The injured worker was currently undergoing treatment for depression and anxiety with cognitive behavioral therapy, psychotherapy, group therapy and medications. In a psychiatric progress note dated 12/19/14, the physician noted that the injured worker was not doing very well with irritability, anxiousness and depression. The injured worker was withdrawn and reported an increase in pain due to the cold weather. The treatment plan included adding Fetzema and Vistaril, continuing Brintellix and continuing cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #90: 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 Illness & stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: Vistaril is a sedative antihistaminic drug proposed by the provider to treat the patient insomnia and anxiety. However tolerance to this drug may develop within few days. According to ODG guidelines, pharmacological treatment of insomnia is not recommended without full characterization of the sleep disorder (primary sleep problem or secondary to the patient pain, medical or psychiatry disorders). Therefore, the request for Vistaril 25mg #90 is not medically necessary.

Brintellix 10mg #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 Illness & stress.

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

Decision rationale: Brintellix is an atypical anti depressant requested by the provider to treat the patient pain and depression. However the patient is also on Fetzima without any evidence of improvement of symptoms. Therefore, the request of Brintellix 10mg #30 is not medically necessary.

Fetzima 20mg #60: 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 Illness & stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Fetzima is a major antidepressant drug from the family of serotonin and norepinephrine reuptake inhibitors. Antidepressant could be used in neuropathic pain, however in this case, there is no clear documentation of neuropathic pain. The patient is mainly complaining of back pain. There is no pain and functional improvement with previous use of Fetzima. Therefore, the request for Fetzima 20mg # 60 is not medically necessary.