

Case Number:	CM15-0054032		
Date Assigned:	03/27/2015	Date of Injury:	06/17/1999
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on June 17, 1999. The injured worker was diagnosed with scapholunar and metacarpal disassociation, right elbow ulnar entrapment and epicondylitis medial and lateral, multi-level cervical facet capsular tears, and adhesive capsulitis of the right shoulder. Diagnostic tests performed were a right shoulder magnetic resonance imaging (MRI) in December 2013 and a cervical spine magnetic resonance imaging (MRI) (no date documented). The injured worker received a subacromial injection in April 2013 with marked improvement. According to the primary treating physician's progress report on February 20, 2015, the injured worker continues to experience neck pain, back stiffness and shoulder pain. Examination of the right shoulder demonstrated decreased active and passive range of motion without pain and a markedly increased Tinel's across the bilateral wrists and reproduction of pain with prolonged pressure. Cervical spine examination noted minimal pain over C2 through C6 facet capsules, secondary myofascial pain with triggering, ropey fibrotic banding and spasm, positive Spurling's maneuver bilaterally, positive maximal foraminal compression testing bilaterally and no pain with Valsalva. Current medications are listed as Naprosyn, Ultram, Prilosec and Fetzima. Treatment plan is to continue with medications, surgical re-evaluation of the right shoulder and the current request for Fetzima.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fetzima 40mg, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 105.

Decision rationale: The patient presents with pain affecting the neck, back, and bilateral shoulder. The current request is for Fetzima 40mg, #30 with 3 refills. The treating physician report dated 2/20/15 (15B) states, "Pain is described as aching, burning, deep, intermittent, shooting and constant". Patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. The report goes on to state, "I am requesting the medications as listed as they are beneficial for her increased functional capacity and please note the addition of Fetzima". The MTUS guidelines have the following regarding SNRI anti-depressants: "Recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated". Medical reports provided, do not show that the patient has ever been prescribed Fetzima previously. In this case, the current request may be medically necessary as the patient does present with neuropathic pain but the current request for 3 refills without documentation of functional improvement is not supported as the MTUS on page 60 requires documentation of pain and function when prescribing medications for chronic pain. Recommendation is not medically necessary.