

Case Number:	CM15-0060675		
Date Assigned:	04/06/2015	Date of Injury:	09/27/1995
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

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

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 52 year old female injured worker suffered an industrial injury on 09/27/1995. The diagnoses included sprain of the cervical, lumbar and thoracic spine. The diagnostics included lumbar magnetic resonance imaging, electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications, acupuncture and physical therapy. On the treating provider reported continued right sided weakness of both upper and lower extremities. There was tenderness to the right upper and lower back along with positive straight leg raise 3/9/2015. The treatment plan included Sertraline, Pristiq, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline HCL 50 mg, 1 tablet daily #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness

& Stress, Antidepressants for treatment of MDD (major depressive disorder) (2) Mental Illness & Stress, Bupropion (Wellbutrin) (3) Mental Illness & Stress, Sertraline (Zoloft).

Decision rationale: The claimant has a remote history of a work injury occurring nearly 20 years ago and continues to be treated for chronic spine pain with right upper and lower extremity weakness. The treating provider documents weight gain when taking Cymbalta and Pristiq was requested for the treatment of chronic pain and depression. Medications also include tizanidine and sertraline at a dose of 50 mg per day. Antidepressant medication is recommended for the treatment of major depressive disorder. Zoloft is recommended as a first-line treatment option. In this case, the claimant does not have a diagnosis of major depressive disorder. Continued prescribing of Zoloft is not medically necessary.

Pristiq 50 mg, 1 tablet daily #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 Antidepressants for chronic pain, p13-16 Page(s): 13-16. Decision based on Non-MTUS Citation Pristiq Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring nearly 20 years ago and continues to be treated for chronic spine pain with right upper and lower extremity weakness. The treating provider documents weight gain when taking Cymbalta and Pristiq was requested for the treatment of chronic pain and depression. Medications also include tizanidine and sertraline at a dose of 50 mg per day. Antidepressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Pristiq (desvenlafaxine), like Cymbalta, is in a class of medications called serotonin-norepinephrine reuptake inhibitors (SNRIs). These medications are used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy. The starting dose for Pristiq is 50 mg per day. In this case, the claimant is being treated for chronic sprains with no diagnosis of either neuropathic pain or major depressive disorder. Therefore, this medication is not medically necessary.

Tizanidine HCL 4mg; 1-2 tabs three times daily prn #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work injury occurring nearly 20 years ago and continues to be treated for chronic spine pain with right upper and lower extremity weakness. The treating provider documents weight gain when taking Cymbalta and Pristiq was requested for the treatment of chronic pain and depression. Medications also include tizanidine and sertraline at a dose of 50 mg per day. Tizanidine is a centrally acting alpha 2-adrenergic

agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. It is therefore not medically necessary.