

Case Number:	CM15-0084930		
Date Assigned:	05/07/2015	Date of Injury:	06/17/1999
Decision Date:	06/05/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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. Previous treatment includes MRI of the right shoulder, therapy, and medications. Currently the injured worker complains of cervical pain and back stiffness. Diagnoses associated with the request include scapholunar disassociation and metacarpal disassociation. The treatment plan includes Fetzima.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fetzima 40 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15-16.

Decision rationale: This 55 year old female has complained of shoulder pain and neck pain since date of injury 6/17/99. She has been treated with physical therapy and medications. The current request is for Fetzima, an antidepressant medication used for the treatment of major

depressive disorder. The available medical records contain inadequate documentation regarding any subjective or objective findings of major depression. On the basis of the available medical records and per the MTUS guideline cited above, the request for Fetzima is not medically necessary.