

Case Number:	CM15-0086502		
Date Assigned:	05/08/2015	Date of Injury:	10/23/2001
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 57 year old female, who sustained an industrial injury on 10/23/2001. She reported a slip and fall causing injury to the face, left ankle, low back, neck, and shoulders. Diagnoses include dystrophy, reflex sympathetic disorder and psychogenic pain. Treatments to date include medication therapy and psychotherapy. Currently, she complained of neck, back and lower extremity pain. The back pain was rated 9/10 VAS on that date. On 2/3/15, the physical examination documented that she was teary and in pain. The plan of care included Pristiq ER 50 mg tablets, one tablet daily, quantity 30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq ER 50mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The patient presents with chronic low back, neck and bilateral shoulder pain. The patient also suffers from chronic depression. The Request for Authorization is dated 04/02/15. The current request is for PRISTIQ ER 50MG, 1 TABLET DAILY #30 WITH 3 REFILLS. Treatments to date have included medications and physical therapy. The patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, pgs. 13-16 for Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." According to progress report 04/01/15, "the patient is tearful and hysterical when giving history today." She has been without her antidepressant, Pristiq, due to medication being held at the pharmacy. She continues to have sleep disturbances, focus issues, anger, and feeling of hopelessness. Examination revealed radiation of pain into her left leg and left foot. There was muscle guarding noted. The treating physician stated, "it is medically necessary for the patient to continue, uninterrupted, with this medication" as without this medication she has significant increase in anxiety, and depression. Report 04/29/15 noted that patient received her antidepressant Pristiq and "she is stable on this medication" with less anxiousness and anxiety. With current medications, the patient is able to sleep and walk longer distances with improved mood. In this case, the patient is reported to have chronic pain, neuropathic pain and depression. The treating physician has also documented medication efficacy. The requested Pristiq has been prescribed in accordance to MTUS guidelines; therefore, IS medically necessary.