

Case Number:	CM15-0089324		
Date Assigned:	05/13/2015	Date of Injury:	05/15/1996
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/08/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 56 year old male, who sustained an industrial/work injury on 5/15/96. He reported initial complaints of back, leg, neck, and knee pain. The injured worker was diagnosed as having major depressive disorder and anxiety. Treatment to date has included medication, physical therapy, hip injections. Currently, the injured worker complains of ongoing moderate to severe low back, lower extremity, neck, and bilateral knee pain. Per the primary physician's progress report (PR-2) on 5/4/15, examination revealed difficulty with transfers on/off exam table and chair, 4/5 muscle strength, appropriate mood, pain with extension of right knee with decreased internal rotation, 1/4 patellar and Achilles reflex, positive FABER maneuver, pain to palpation over the L3 to L4, L4-L5 to S1 facet capsules bilaterally, pain with rotational extension, and evidence of trochanteric bursitis. There is also major depressive disorder, recurrent psychological factors affecting chronic medical disorder and chronic pain disorder, compulsive personality traits, chronic pain disorder, and psychological stressors. Current plan of care included medication and follow up appointment. The requested treatments include 1 prescription of Pristiq 50MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Pristiq 50MG, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 388, Chronic Pain Treatment Guidelines Anti depressant.

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

Decision rationale: Pristiq isdesvenlafaxine, a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is FDA-approved for anxiety, depression, panic disorder, and social phobias. It is used off-label for fibromyalgia, neuropathic pain and diabetic neuropathy. Side effects include dizziness, fatigue, somnolence drowsiness, anxiety and insomnia. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. In this case documentation in the medical record does not support the diagnosis of any of the FDA-approved indications. Medical necessity has not been established. The request is not medically necessary.