

<b>Case Number:</b>	CM15-0010119		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained a work related injury on 7/25/13. The diagnoses have included upper and lower extremities neuropathic dysesthesias, peripheral neuropathy and probable cervical and lumbar spondylosis. Treatments to date have included heat, massage, rest and oral medications. The injured worker complains of continued cervical neck pain. He rates the pain a 7/10. He states he has trouble turning head from side to side. He complains of tenderness and pain of cervical neck upon palpation. On 12/19/14, Utilization Review modified a prescription request for Fetzima 40mg. #30 with 3 refills to Fetzima 40mg. #30 with no refills. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### 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 Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 20, 2013. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve a request for Fetzima, an antidepressant medication. The claims administrator referenced a November 10, 2014 progress note in its determination. The claims administrator apparently issued a partial approval. The claims administrator contended that the applicant had used this medication for some time and had failed to demonstrate significant benefit through the same. The claims administrator contended that the applicant was off of work. The applicant's attorney subsequently appealed. In a February 10, 2014 progress note, the applicant reported ongoing complaints of neck pain and low back pain. 5/10 pain was reported. The applicant was using Cymbalta, Pamelor, and Tylenol as of this point in time, it was acknowledged. The applicant's work status was not clearly outlined, although the applicant did not appear to be working. Neurology consultation, sleep study, and audiology consultation were endorsed. Prescription for Butrans and Fetzima were issued on this date. Various laboratory studies were ordered. A 25-pound lifting limitation was imposed, although, once again, it did not appear that the applicant was working with limitations in place. On October 9, 2014, the applicant was placed off of work, on total temporary disability. The applicant was obese, with BMI of 31. The applicant was using Fetzima. 7-8/10 low back pain complaints were evident. The applicant did have issues with sleep disturbance, mood challenges, fatigue, and concentration, it was stated. It appeared, thus, that Fetzima was being used for depression, although this was never explicitly stated. On November 10, 2014, the applicant was asked to employ Vicodin and continue Fetzima. Butrans was also endorsed. A spine surgery consultation was endorsed for ongoing complaints of low back and neck pain. The attending provider again acknowledged that the applicant had issues with sleep disturbance, mood disturbance, fatigue, and diminished concentration. On December 10, 2014, a sleep study was endorsed while the applicant was placed off of work, on total temporary disability. Butrans, Fetzima, and Vicodin were endorsed. Once again, the applicant was described as having sleep disturbance, mood disturbance, fatigue, and diminished concentrating ability, despite ongoing Fetzima usage.

**REFERRAL QUESTIONS:** 1. No, the request for Fetzima, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as Fetzima to exert their maximal effect, in this case, however, the applicant has seemingly been using Fetzima for what appears to be a minimum of several months. The attending provider has, however, failed to establish or recount evidence of ongoing benefit through ongoing Fetzima usage. The applicant remains depressed. The applicant remains anxious. The applicant continues to report issues with sleep disturbance, fatigue, and difficulty concentrating. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Fetzima. Therefore, the request was not medically necessary.

**REFERENCES:** 1. ACOEM Practice Guidelines, Chapter 15, page 402, Antidepressants section. 2. MTUS 9792.20f.