

Case Number:	CM15-0120589		
Date Assigned:	07/28/2015	Date of Injury:	09/21/2006
Decision Date:	09/22/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 60 year old male who sustained a work related injury on 9/21/06. The diagnoses have included pelvic fracture, postoperative chronic pain, lumbar strain/sprain and poor coping with chronic pain. He is not working. Treatments have included oral medications, LidoPro cream, physical therapy, home exercises, TENS unit therapy, cognitive behavioral therapy, and psychiatric treatment. The psychiatric provider's progress note, dated 4/2/15, reported that the medications have improved his mood and decreased his anxiety. Documentation does reflect that Pristiq was helpful. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50 mg Qty 30 with 2 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: Mental Illness & Stress - Desvenlafaxine (Pristiq).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chp 12 pg 308, Chp 15 pg 388, 402, Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain; SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 13-16, 105.

Decision rationale: Pristiq (desvenlafaxine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), social phobia and panic disorder. Off label use has shown it effective for treatment of neuropathic pain and migraines. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. There is no indication for use of SNRIs to treat non-neuropathic pain. This medication was prescribed for treatment of chronic neuropathic pain and depression secondary to pain. Documentation of its use has shown it to be helpful. Medical necessity to continue use of this medication has been established.