

Case Number:	CM15-0147708		
Date Assigned:	08/10/2015	Date of Injury:	03/06/2014
Decision Date:	10/14/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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 58 year old female, who sustained an industrial injury on 3-6-2014. Medical records indicate the worker is undergoing treatment for back pain. A recent progress report dated 7-2-2015, reported the injured worker complained of back stiffness, radicular pain in the bilateral lower extremities with weakness, rated 8 out of 10. Physical examination revealed cervical and lumbar tenderness to palpation and positive straight leg raise test bilaterally. Treatment to date has included Acetaminophen, Aspirin and Gabapentin. The physician is requesting Fetzima 120mg #30. On 7-13-2015, the Utilization Review noncertified Fetzima 120mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fetzima 120 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Anti-depressants for chronic pain and Other Medical Treatment Guidelines;

<http://www.fetzima.com>/<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0078244/>.

Decision rationale: MTUS Guidelines support the use of specific antidepressants for chronic pain, in particular if the pain has a neuropathic component. Fetzima is indicated for the treatment of major depression, but is not considered a first line drug for the treatment of neuropathic pain. Other drugs in the same general classification are noted to be first line i.e. Cymbalta. There is no evidence of reasonable trials of Guideline recommended drugs and there is no documentation of a major depressive disorder. There is no information in the treating physician's narratives that supports an exception to Guideline recommendations. A review of the literature does not support Fetzima for neuropathic pain. The Fetzima 120 mg, thirty count is not medically necessary.