

<b>Case Number:</b>	CM15-0091787		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Hawaii

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 53-year-old male, who sustained an industrial injury on July 18, 2013, incurring low back and left hip injuries from lifting and twisting motions. He was diagnosed with a lumbar sprain with radiculopathy. In May 2014, he underwent left arthroscopic hip surgery. Treatment included physical therapy, anti-inflammatory drugs, proton pump inhibitor, neurological medications, epidural steroid injection and pain medications. Currently, the injured worker complained of constant, persistent pain 7/10, exacerbated with putting weight on his left side and radiating into the buttocks. The treatment plan that was requested for authorization included a prescription for retrospective use of Pristiq.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective use of Pristiq, quantity unspecified (DOS: 3/16/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Mental Illness and Stress Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down to the buttocks. The current request is for Retrospective use of Pristiq, quantity unspecified. The treating physician report dated 4/20/15 (12B) states, "He is sitting in the chair listing to the right with grossly positive right sitting straight leg raising with back pain down the lateral thigh and into the groin." A report dated 1/26/15 (43B) states, "Consider increase in the Pristiq or switching over to other medication such as Cymbalta or retrial Cymbalta." The MTUS guidelines page 13 to 15 on antidepressants states, "Recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated." In this case, while the patient does present with documented neuropathic pain, the physician does recommend switching to a different SNRI in a report dated 1/26/15. Furthermore, an unknown quantity of Pristiq was prescribed to the patient in the current request and the MTUS guidelines do not support an open-ended request. Recommendation is for denial. Therefore, the request is not medically necessary.