

Case Number:	CM14-0054433		
Date Assigned:	07/07/2014	Date of Injury:	08/31/1996
Decision Date:	11/10/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/23/2014

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 59 year old female, who sustained an industrial injury on August 31, 1996. The injured worker was diagnosed as having lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. Treatment to date has included medications and work restrictions. Evaluation on April 29, 2014, revealed extreme pain in the low back and bilateral lower extremities rated at 10 on a 1-10 scale with 10 being the worst. She noted no new pain or symptoms since the previous visit. Medications were continued and Pristiq was recommended. It was noted she was to remain off work. The RFA included requests for Pristiq 50mg #30 for low back pain and was non-certified on the utilization review (UR) on May 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30 for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Pristiq (desvenlafaxine) is an antidepressant in a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SNRIs). SNRI's are FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guidelines, page 14, There are studies specifically looking at the efficacy of SNRI's in the treatment of low back pain. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. (Chou, 2007) Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. (Perrot, 2006). In this case, the note from 4/29/14 reports the injured worker was being treated for low back and bilateral lower extremity pain. According to the guidelines, at this time there is insufficient high quality evidence to indicate that SNRI are effective in the treatment of chronic low back pain. Therefore, the request for Pristiq is not medically necessary.