

<b>Case Number:</b>	CM13-0009556		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/09/2004
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Addiction Medicine, Toxicology, has a subspecialty in Pediatrics and is licensed to practice in MA, and NY. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old patient with date of injury on 6/9/2004 with complaints of low back pain. As per the medical records submitted, patient underwent chiropractic therapy, physical therapy and back surgery and epidural steroid injection. Most recent physical exam indicated low back tenderness to palpation, and reduced bilateral lower extremity strength. Patient is diagnosed with low back pain with referral into the leg, and possible L4-L5 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500mg # 90 with one refill between 7/19/2013 and 9/29/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-85.

**Decision rationale:** After reviewing the available documents, it is reasonable to conclude that the patient has reached a plateau level with regard to his low back pain, given the duration of pain (i.e. from 2004 to present). MTUS Guidelines, (page 82), recommends that opioids for radiculopathic pain is not recommended as first line therapy. Documentation submitted indicates that the patient experienced some benefit from Vicodin after one month of therapy; however, it is

appropriate to review the pain response every 2 weeks to assess the response and also to determine adverse effects/diversion. Also, there is no documentation that is evidence of ongoing therapeutic response. In addition, there was concern for patient safety with opioids given in addition with effexor, because that combination can cause serotonin syndrome. Also needed is the documentation for ongoing response from continued opioid use and need for evidence of patient tolerance as well as any planned schedule of withdrawal from opioids.

**Effexor 75mg # 60 with one refill between 7/19/2013 and 9/29/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15-16.

**Decision rationale:** As per MTUS, Effexor is not approved for chronic pain. FDA has approved it for use in depression. Some off label use has been documented in neuropathic pain. However, in this case, the patient has more of a radiculopathic picture. Yucel A et al 2004, has shown that Effexor does not have a positive effect on the pain intensity in chronic pain. Hence the request is non certified.