

Case Number:	CM13-0048838		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2003
Decision Date:	05/19/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/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:

The injured worker is a 60 year old woman who sustained a work related injury on October 3 2013. Subsequently, she developed chronic upper extremity pain and numbness, insomnia and depression. Her physical examination demonstrated tenderness with reduced range of motion. The patient was treated with pain medications including opioids without documented benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON TRAMADOL, OPIOIDS FOR CHRONIC USE, AND OPIOIDS FOR LON.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TRAMADOL Page(s): 93-94.

Decision rationale: According to MTUS Guidelines, Ultram (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system and is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. In addition and according to MTUS Guidelines, ongoing use of opioids should follow specific rules: < (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be

prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework> In this case, there is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with his medications. There is no clear justification for the need for Tramadol. Therefore, the prescription of Tramadol 50mg is not medically necessary at this time.

1 PRESCRIPTION OF EFFEXOR 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EFFEXOR..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EFFEXOR Page(s): 123.

Decision rationale: According to MTUS Guidelines, < Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor®) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg twice a day or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day>. Although the patient developed a chronic pain syndrome and depression, the patient prescription of Effexor should specify the dose and the duration of the treatment. This will depend on the patient response to the medication. The provider has to clarify the rationale for using Effexor, the dose and duration of therapy and other treatment modalities to assess its efficacy and side effect. The request is non certified.

1 PRESCRIPTION OF EFFEXOR 75MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EFFEXOR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EFFEXOR Page(s): 123.

Decision rationale: According to MTUS Guidelines, < Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor®) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg twice a day or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day>. Although the patient developed a chronic pain syndrome and depression, the patient prescription of Effexor should specify the dose and the duration of the treatment. This will depend on the patient response to the medication. The provider has to clarify the rationale for using Effexor, the dose and duration of therapy and other treatment modalities to assess its efficacy and side effect. The request is non certified.