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| Case Number: | CM13-0052706 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/21/2011 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 10/26/2013 |
| Priority: | Standard | Application Received: | 11/16/2013 |

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient reported a date of injury of 07/21/2011. The listed diagnoses per [REDACTED] are: 1. Trochanteric bursitis on the left. 2. Left knee internal derangement with possible anterior cruciate ligament S/P left femur intramedullary rodding on 07/21/2011. 3. Sacroiliac joint inflammation on the left. 4. Element of depression and insomnia. According to report dated 10/16/2011 by [REDACTED], this patient presents with left hip, left knee, left leg, and SI joint complaints. The patient states his low back pain is persistent and the knee is causing increased pain in the low back which radiates down the left leg. Examination showed patient had swelling, stiffness, and tightness along the low back. Examination of the left knee showed extension of the left knee is 170 degrees, flexion is 110 degrees with crepitation with range of motion. There was also tenderness noted along the lumbar paraspinal muscles and pain with facet loading and muscle spasms noted across the lumbar paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tazadone 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatments.

Decision rationale: This patient presents with complaints of low back pain that radiates into the left lower extremity. The physician is requesting Trazodone 50 mg #60. Trazodone is classified as an antidepressant. The MTUS Guidelines do not address this medication for insomnia but ODG Guidelines support it when there is a concurrent depression diagnosis. Given the patient's diagnosis of depression and insomnia, the requested Trazodone is medically necessary. Recommendation is for authorization

Effexor 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with complaints of low back pain that radiates into the left lower extremity. The treater is requesting Effexor 75 mg #60. Utilization review dated 10/25/2013 denied request stating "No demonstrated medical necessity." For antidepressants, the MTUS Guidelines page 13 to 15 states "Venlafaxine (Effexor) is FDH approved for anxiety, depression, panic disorder, and social phobias. Off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy." Given the patient's diagnosis of depression and objective findings of neuropathic pain, venlafaxine is medically necessary. Recommendation is for approval.