

<b>Case Number:</b>	CM13-0064085		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/24/2002
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 patient is a 42-year-old male who reported an injury on 08/24/2002. The mechanism of injury was not provided. It was indicated the patient had been on antidepressants and opiates since 2012. Documentation of 11/08/2013 revealed the patient had pain. The physical examination revealed the patient had an antalgic gait on the left side with diffuse swelling and tenderness over the left knee. There was a positive McMurray's test. The diagnoses were noted to include post 08/24/2002 work injury involving a diesel truck accident. Additionally, the patient's diagnoses were noted to include knee joint pain, shoulder pain, headache, chondromalacia patella, neck pain, acromioclavicular joint pain, low back pain, medial meniscus tear, and lumbar facet syndrome. The request was made for a Norco refill, and to start Venlafaxine as a neuropathic pain agent to help boost the norepinephrine method of treatment of neuropathic pain. The patient was to continue Topiramate neuropathic pain. The patient had previously been taking Fluoxetine and Trazodone for nerve pain and depression from the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE RETROSPECTIVE REQUEST FOR NORCO (HYDROCODONE) 10/325 MG #90 WITH A DATE OF SERVICE OF 11/8/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section, Ongoing Management Section Page(s): 60,78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. There was a lack of documentation of objective improvement in function, objective decrease in the VAS score and evidence the patient was being monitored for aberrant drug behavior and side effects. Given the above, the retrospective request for Norco (Hydrocodone) 10/325 mg #90 is not medically necessary.

**THE RETROSPECTIVE REQUEST FOR VENLAFAXINE ER 37.5 MG #30 WITH A DATE OF SERVICE OF 11/8/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Section Page(s): 13.

**Decision rationale:** California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated the patient was taking Trazodone for nerve pain. There was a lack of documentation indicating a necessity for 2 medications with the same classification, Trazodone and Venlafaxine. Additionally, there was a lack of documentation indicating that the patient had an objective decrease in pain and objective improvement in function. Given the above, the retrospective request for Venlafaxine ER 37.5 mg #30 is not medically necessary.