

Case Number:	CM13-0072102		
Date Assigned:	01/08/2014	Date of Injury:	10/28/2002
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 10/28/2002. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 10/14/2013 reported the claimant complained of constant neck pain and more aching and stiffness, mostly at night and when it was cold. There are complaints of muscle spasms to the side of her neck; pain in both hands; anxiety and depression; and that the patient is dropping objects more often. The injured worker rated her pain 7-10/10, and with medications her pain was rated 5/10. The injured worker stated with her medications, she had been doing a lot better. The patient rated her ability to function at 8-10/10. EMG/NCV on 12/28/2012, revealed mild bilateral carpal tunnel syndrome. On the physical exam, the provider noted range of motion to the neck was limited with the flexibility to flex 10 degrees. The provider also noted that the patient had pain in the neck with movement and the right and left lower extremity showed full range of motion of the hips, knees, and ankles bilaterally. Diagnoses consisted of postlaminectomy syndrome of the cervical region. The provider requested Venlafaxine ER (Effexor) 150 mg daily #30. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

VENIAFAXINE ER (EFFEXOR) 150 MG DAILY #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-82

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 74-82. Page(s): 13-16.

Decision rationale: The California MTUS Guidelines recommend Venlafaxine as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS guidelines also note Venlafaxine is FDA approved for anxiety, depression, panic disorder, and social phobias. MTUS guidelines recommend Venlafaxine for off label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, there is a lack of clinical documentation indicating the injured worker to have a diagnosis of anxiety, depression, or panic disorder. Additionally, there is a lack of objective and clinical documentation indicating the patient to be diagnosed with fibromyalgia, or diabetic neuropathy. Therefore, the request for Venlafaxine ER (Effexor) 150 mg daily #30 is not medically necessary and appropriate.