

Case Number:	CM14-0108403		
Date Assigned:	09/16/2014	Date of Injury:	06/20/2011
Decision Date:	10/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 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:

This injured worker is a 34-year-old with a reported date of injury of June 20, 2011. Mechanism of injury is reported as, while performing the usual and customary duties of his occupation as a cook, the injured worker had a slip and fall on a wet floor and landing on a sack of potatoes causing him to jam his right shoulder. Diagnosis of psychosocial dysfunction unspecified (302.70). Pain and Rehabilitative office visit note, dated May 28, 2014, indicates injured worker has been taking Venlafaxine for his depression. At this visit he reported that he had stopped taking all of his medications in preparation for shoulder surgery and sacroiliac joint injections. He was feeling angry and had disruption in his sleep. He reports he began taking the medications again. He does continue to note some depression and stress, but denies suicidal ideations. He reports he is noting an improvement in his desire to do activities around the house. Treating physician requested injured worker continue taking Venlafaxin Hcl Er 37.5mg, Glucosamine (OTC) and Multivitamin Men Tablet (OTC). Work status noted as not permanent and stationary. Prior utilization review denied request for Glucosamine OTC 1-2 times daily, Multivitamins Men Tablet PRN and Venlafaxine HCL ER. 37.5 mg #60 1 tab QID on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50 OF 127.

Decision rationale: Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment. In this case however, there is no evidence of knee osteoarthritis in this young injured worker. The request for Glucosamine is not medically necessary.

Mens multivitamins tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com

Decision rationale: There are many brands and forms of prenatal multivitamin available. With three new studies finding that a daily multivitamin won't help boost the average health. Multivitamins are considered dietary supplements and not medical necessity; thus the request for mens multivitamin tablets is not medically necessary or appropriate.

Venlafaxine HCL ER. 37.5 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) page 123 Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 45 and 123 of 127.

Decision rationale: Venlafaxine is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, there is documentation of depression in this injured worker. He is able to function better with this medication. The request for Venlafaxine HCL ER. 37.5 mg, sixty count, is medically necessary and appropriate.