

<b>Case Number:</b>	CM14-0115591		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 57 year old female with date of injury 8/19/2010. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral hand, wrist, forearm and shoulder pain since the date of injury. She has been treated with physical therapy, medications and a TENS unit. She is status post a forearm fracture fixation. There are no radiographic data included for review. Objective: no musculoskeletal or psychiatric examination documented in the available provider records. Diagnoses: chronic pain syndrome, osteoarthritis, anxiety, depression, insomnia, hand pain, osteoarthritis of the hand. Treatment plan and request: Effexor, Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor 75 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, mental illness and stress procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123.

**Decision rationale:** This 57 year old female has complained of bilateral hand, wrist, forearm and shoulder pain since date of injury 8//19/10. She has been treated with physical therapy, medications and a TENS unit. The current request is for Effexor. Per the MTUS guideline cited above, Effexor is recommended as an option for the first-line treatment of neuropathic pain and is also approved for the treatment of depression and anxiety. There is inadequate documentation in the provider notes to support a diagnosis of neuropathic pain, anxiety or depression. On the basis of the MTUS guidelines and the lack of adequate documentation, Effexor is not indicated as medically necessary in this patient.

**Xanax 1-2 QD:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This 57 year old female has complained of bilateral hand, wrist, forearm and shoulder pain since date of injury 8//19/10. She has been treated with physical therapy, a TENS unit and medications to include Xanax for at least 6 weeks duration. The current request is for Xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Xanax is not indicated as medically necessary in this patient.