

Case Number:	CM14-0126619		
Date Assigned:	08/13/2014	Date of Injury:	03/20/2009
Decision Date:	09/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 injured worker is a 46-year-old female who reported an injury on 03/20/2009. The mechanism of injury was not provided for clinical review. The diagnoses included chronic low back pain, lumbar fusion at L5-S1, radiculopathy of right lower extremity. Previous treatments included medication. Diagnostic testing included an MRI. Within the clinical note dated 06/05/2014 it was reported the injured worker complained of low back pain. She rated her pain level 6/10 to 7/10 in severities. The provider did not document a physical examination. The medication regimen included Ultracet, Effexor and Relafen. The provider requested Effexor. However, a rationale was not provided for clinical review. The request for authorization was provided and submitted on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 6/5/14: Effexor 37.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16.

Decision rationale: The request for Effexor 37.5mg #90 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. The guidelines also note Effexor is FDA approved for anxiety, depression, and panic disorders and social phobias. Effexor has an off label use for fibromyalgia, neuropathic pain and diabetic neuropathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the injured worker was treated for fibromyalgia, anxiety, depression, panic disorder or social phobias. Therefore, the request for Effexor 37.5mg #90 is not medically necessary.