

<b>Case Number:</b>	CM14-0139849		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 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:

The injured worker is a 52-year-old female who is reported to have sustained work-related injuries on 07/06/99. The mechanism of injury is not described. It is reported that the injured worker continues to have ups and downs. She is reported to have sustained an interval injury to her left knee. On examination the injured worker is reported to be utilizing a wheelchair. She has tenderness over the thoracolumbar region. She has tenderness over the cervical region. Range of motion is limited. She is noted to have multiple diagnosis including lumbar degenerative disease, bilateral lower extremity radiculopathy, right knee internal derangement, major depressive disorder, general anxiety disorder, posttraumatic stress disorder, and right shoulder pain due to a fall. The record includes a utilization review determination dated 08 2214 in which a request for Effexor XR 75 mg tablets one PO QD #30 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR 75mg tabs, 1 po qd #30 0 refill for depression due to lumbar spine, right shoulder and right knee injury: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122 of 127. Decision based on Non-MTUS Citation EMB Reference

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for Mental Illness and Stress, Antidepressants.

**Decision rationale:** The submitted clinical record consists of a single note which fails to provide substantive data establishing the presence of depression. The record does not contain any psychological clinical notes or results of psychological testing to establish the diagnosis. The record contains no data which establishes the efficacy of this medication in the treatment of the reported depression. As such, the medical necessity of the request is not established. Therefore, the request is not medically necessary.