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| Case Number: | CM14-0155899 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 05/03/2005 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old woman who sustained a work-related injury on May 3, 2005. Subsequently, she developed a chronic low back pain. On September 29, 2008, the patient underwent anterior fusion L4-5 and L5-S1. The patient had developed several psychological symptoms secondary to chronic pain including depression, anxiety, and post-traumatic stress disorder. The patient had received cognitive behavioral therapy in the past with great benefit. Her mood improved on treatment, and she believed psychotherapy had been helpful. According to the progress report dated August 14, 2014, the patient rated her back pain at a 5/10. She reports she is relatively stable with her back pain since last visit. She reported that her current medications were helping. She was complaining of constant back pain with radicular pattern and urine retention. Her physical examination demonstrated lumbar tenderness with reduced range of motion, decreased sensation to pin-prick at left L4-5 and L5-S1 dermatomes. The patient was diagnosed with chronic lower back pain, failed back surgery syndrome, left L4-5 radiculopathy, and depression/anxiety. On the progress report of September 9, 2014, the patient reported worsening of her depression, restlessness, and antidepressant discontinuation symptoms. She had previously improved with respect to her mood disorder on the regimen that includes Quetiapine, Venlafaxine, Lorazepam, and Adderall. The provider requested authorization to use Venlafaxine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine (Effexor) ER 150mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 124.

Decision rationale: According to MTUS guidelines, Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day. Effexor was previously prescribed for the patient with positive effect on her pain and depression. Her condition worsened after the medication was stopped. However the long term prescription could not be approved without periodic evaluation of its efficacy and side effects. Therefore, the request for Venlafaxine (Effexor) ER 150mg #120 is not medically necessary.