

Case Number:	CM14-0167041		
Date Assigned:	10/14/2014	Date of Injury:	04/20/1987
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/16/85. He continued to be treated for chronic low back pain radiating into the lower extremities. He was seen by the requesting provider on 05/06/14 for medication management. He was having low back pain radiating into the left lower extremity. His past medical history included depression since 1990. Physical therapy, medications, use of modalities, and sitting are all reported as relieving his symptoms. Pain was rated at 7/10 with medications and 9/10 without medications. Medications included fentanyl 150 mcg, gabapentin 1800 mg, hydrocodone/ibuprofen 7.5/200 up to six times per day, topiramate 50 mg two times per day, Effexor ER 150 mg two times per day, citalopram 20 mg, Protonix, and medications for his cardiovascular disease. Tegaderm was being prescribed for fentanyl patch adhesion. Physical examination findings included a height of 5 feet, 6 inches and weight 249 pounds which corresponds to a BMI of 40.2. There was an otherwise normal examination. The assessment references diagnoses of failed back lumbar surgery syndrome and chronic pain syndrome. Medications were continued. On 09/05/14 he was having ongoing symptoms. Pain was again rated at 7/10 with medications and 9/10 without medications. He had an Opioid Risk Tool score of one out of 10, consistent with low risk which indicates that the individual is unlikely to abuse medications. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Rx 9/5/14 Effexor XR 150mg Ref:4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic pain with a diagnosis of failed back surgery syndrome. Antidepressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Venlafaxine (Effexor) is used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy with a maximum daily dose of 300 mg per day. In this case, the claimant has chronic neuropathic pain and the requested dose is within recommended guidelines. Therefore, this medication is medically necessary.

MED Rx 9/5/14 Celexa 20mg #30 Ref: 4: 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 ODG) Mental Illness & Stress

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic pain with a diagnosis of failed back surgery syndrome. He has a history of depression since 1990. Anti-depressant medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and venlafaxine. In this case, medications include Venlafaxine which an antidepressant in the serotonin-norepinephrine reuptake inhibitor (SNRI) class used in the treatment of major depressive disorder, anxiety, and panic disorder and off label for neuropathic pain. Since the claimant is already taking this medication for neuropathic pain, prescribing another antidepressant medication such as Celexa is not medically necessary.