

Case Number:	CM14-0169508		
Date Assigned:	10/17/2014	Date of Injury:	04/06/2007
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family 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:

This injured worker's date of injury is 04/06/2007. This patient receives treatment for chronic elbow pain. The patient was diagnosed low back pain, lumbar disc disease, chronic pain, depression, and lateral epicondylitis. The low back pain was a result of a fall. The elbow pain was the result of repetitive strain. Medications used include: Wellbutrin, venlafaxine, and Medrol dose pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine 75 mg, sixty count: Upheld

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

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

Decision rationale: This patient has chronic pain in the lower back and elbow regions. Venlafaxine may be clinically indicated as a first line drug for the treatment of neuropathic pain. The documentation presented does not mention this diagnosis. Venlafaxine is not medically indicated.

Venlafaxine 150 mg, thirty count: Upheld

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

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

Decision rationale: This patient has chronic pain in the lower back and elbow regions. Venlafaxine may be clinically indicated as a first line drug for the treatment of neuropathic pain. The documentation presented does not mention this diagnosis. Venlafaxine is not medically indicated.