

<b>Case Number:</b>	CM14-0177773		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine; has a subspecialty in Preventative Medicine and is licensed to practice in Pennsylvania. 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 40-year-old woman with a date of injury of 11/11/2011. A psychiatry QME report dated 01/11/2014 identified the mechanism of injury as a slip and fall while power washing the floor, resulting in a broken right wrist. This report and treating physician office visit notes dated 05/14/2014, 07/09/2014, and 09/10/2014 indicated the worker was experiencing right wrist pain, depressed and anxious mood, frustration from decreased function related to on-going pain, decreased sleep, and increased irritability. Documented examinations consistently described decreased right hand weakness, tenderness, and painful joint movement. The submitted and reviewed documentation concluded the worker was suffering from on-going right wrist pain after a broken wrist, very mild carpal tunnel syndrome, adjustment disorder with mixed anxiety and depressed mood, insomnia due to a medical condition, and chronic post-traumatic stress disorder. Treatment recommendations included oral pain medications, psychotherapy treatment with both directive and non-directive cognitive approaches, treatment with medication for the worker's depressive and anxious symptoms, increased activity and home exercise program, consultation with a orthopedic specialist, and a wrist MRI. Medication for the worker's mood symptoms was adjusted on 07/09/2014 with an initial re-evaluation on 09/10/2014. A Utilization Review decision by [REDACTED] was rendered on 09/30/2014 recommending partial certification for Effexor-XR (venlafaxine) 37.5mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR 37.5mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 23, 68, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Velafaxine: Drug information. Topic 10042, version 131.0. UpToDate, accessed 12/01/2014.

**Decision rationale:** Effexor-XR (venlafaxine) is a long-acting medication in the selective serotonin and norepinephrine reuptake inhibitor (SNRI) class. The MTUS Guidelines recommend this medication as a first line treatment of neuropathic pain, especially when tricyclic antidepressant medication is not helpful or cannot be used. It is also FDA-approved for depression and anxiety disorders. The submitted and reviewed documentation concluded the worker was suffering from on-going right wrist pain after a broken wrist, very mild carpal tunnel syndrome, adjustment disorder with mixed anxiety and depressed mood, insomnia due to a medical condition, and chronic post-traumatic stress disorder. Venlafaxine was prescribed both for the worker's mood symptoms directly and for their effects on the worker's pain and resultant limited function. This was to be one part of a multimodality treatment approach. The reviewed documentation indicated the worker started this medication on approximately 07/09/2014, and the initial re-evaluation was done on 09/10/2014. While the treating physician's note on 09/10/2014 did not specifically report improvement, other elements of the multimodality treatment had not yet been started, more than two months is often required before significant improvement may be demonstrated, and the worker was still taking a lower dose of medication than tends to show benefit. This is presumed to be due to other medication side effects the worker had recently experienced and for which the worker was still being treated. In light of this supporting evidence, the current request for Effexor-XR (venlafaxine) 37.5mg #120 is medically necessary.