

Case Number:	CM14-0179789		
Date Assigned:	11/04/2014	Date of Injury:	12/23/2013
Decision Date:	12/17/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventive Medicine and is licensed to practice in Texas. 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 58 year old male who was injured at work on 12/23/2013. He is reported to be complaining of left hip and left buttocks pain of 3-9/10 severity. The pain is sharp and dull, associated with numbness in his left foot and first and second toes of the left foot. He is also complaining of constant aching 3-5/10 pain in his left ankle. In addition, he has stabbing low back pain of 3-7/10 in nature. The physical examination revealed limping, tenderness to palpation in the midline and lumbosacral junction, weakness of the muscles of the left lower extremity, mild sensory loss in left the L5 dermatome, difficulty walking on left heel, negative straight leg tests both legs. The MRI of 01/08/2014 revealed herniation of L4-L5, and multilevel disc diseases. The worker has been diagnosed of spondylolisthesis-acquired and at L5-S1; Lumbar HNP left L4-5 and with radiculopathy, Lumbar spondylosis with myelopathy at L4-5 and L5-S1, Lumbar stenosis at L4-5 and L5-S1, Lumbar spondylosis with myelopathy, generalized anxiety disorder, sciatica left. Treatments have included Motrin, Flexeril, Prednisone, Hydrocodone, Nortriptyline, Lumbar epidural steroid injection, and physical therapy, At dispute are the requests for Pristiq 59mg #30 with 2 refills, and Venlafaxine HCL ER 37.5mg #30 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 59mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations Chapter 4. Division of Workers' Compensation Subchapter 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: The injured worker sustained a work related injury on 12/23/2013. The medical records provided indicate the diagnosis of spondylolisthesis-acquired and at L5-S1; Lumbar HNP left L4-5 and with radiculopathy, Lumbar spondylosis with myelopathy at L4-5 and L5-S1, Lumbar stenosis at L4-5 and L5-S1, Lumbar spondylosis with myelopathy, generalized anxiety disorder, sciatica left. Treatments have included Motrin, Flexeril, Prednisone, Hydrocodone, Nortriptyline, Lumbar epidural steroid injection, and physical therapy. The medical records provided for review do not indicate a medical necessity for Pristiq 59mg #30 with 2 refills. Pristiq (Desvenlafaxine), is a synthetic form of venlafaxine, an antidepressant of the serotonin-norepinephrine reuptake inhibitor class. Although recommended for treatment of neuropathic pain, the MTUS does not recommend the use of the serotonin-norepinephrine reuptake inhibitors in the treatment of either chronic back pain or radiculopathy. Therefore, the requested treatment is not medically necessary and appropriate.

Venlafaxine HCL ER 37.5mg #30 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations Chapter 4. Division of Workers' Compensation Subchapter 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: The injured worker sustained a work related injury on 12/23/2013. The medical records provided indicate the diagnosis of spondylolisthesis-acquired and at L5-S1; Lumbar HNP left L4-5 and with radiculopathy, Lumbar spondylosis with myelopathy at L4-5 and L5-S1, Lumbar stenosis at L4-5 and L5-S1, Lumbar spondylosis with myelopathy, generalized anxiety disorder, sciatica left. Treatments have included Motrin, Flexeril, Prednisone, Hydrocodone, Nortriptyline, Lumbar epidural steroid injection, and physical therapy. The medical records provided for review do not indicate a medical necessity for Venlafaxine HCL ER 37.5mg #30 with 6 refills. Venlafaxine is an antidepressant of the serotonin-norepinephrine reuptake inhibitor class, although recommended for treatment of neuropathic pain; the MTUS does not recommend the use of the serotonin-norepinephrine reuptake inhibitors in the treatment of either chronic back pain or radiculopathy. Therefore, the requested treatment is not medically necessary and appropriate.