

Case Number:	CM14-0179845		
Date Assigned:	11/04/2014	Date of Injury:	06/29/1991
Decision Date:	12/17/2014	UR Denial Date:	10/22/2014
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, has a subspecialty in Occupational 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 59 year old female who was injured at work on 06/29/1991. She is reported to be complaining of neck and back pain. The physical examination revealed cervical paraspinal spasms and spasms extending to the left trapezius, tenderness of the lumbosacral junction and the left hip. The worker has been diagnosed of Neck pain S/P 2-Level fusion in 2000 and 2004; Low back pain, history of L4-L5, L5-S1 Laminectomy and discectomy in 1993; Bilateral hip pain, lumbar MRI of 07/20/2011 reads postoperative changes at L4-L5, L5-S1, persistent mild right posterior disc bulge, right poster lateral vertebral body spondylosis, but no recurrent herniation, degenerative changes at L2-L3, L3-L4, slightly increased T2 signal and peripheral enhancement in the interspinous space between L3 and L4, chronic bilateral knee pains, Depression . Treatments have included Norco, Celebrex, Imitrex, Lidoderm patches, Prilosec, Lyrica, Colace, Effexor ER, Elavil, Duloxetine, and Aquatic therapy. At dispute is the request for 1 prescription of Effexor 75mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Effexor 75mg, #120: Upheld

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

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

Decision rationale: Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder and social; it also used off label for treatment of neuropathic pain. Its side effects include drowsiness, weakness, dizziness, dry mouth, insomnia, nervousness, anxiety, tremor, headache, seizures, nausea and constipation. The records indicate she benefited from this medication between 2010 and 2012, she was prescribed 60 tablets of Effexor 75mg twice daily on 07/24/14, but the report of 08/06/14 indicates she discontinued it due to unspecified side effects. The MTUS recommends assessment of treatment efficacy, including pain outcomes, side effects, function, after one week of treatment, and for a trial period of at least 4 weeks; however, she discontinued this medication before her visit on 08/5/14, and there is no indication she has exhausted the prescription made on 07/24/14. Therefore, the requested treatment is not medically necessary.