

Case Number:	CM14-0022445		
Date Assigned:	02/26/2014	Date of Injury:	01/19/1999
Decision Date:	07/18/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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:

The patient is a 53-year-old male who has submitted a claim for shoulder pain, facet syndrome, cervical radiculopathy, ulnar neuritis, lumbosacral radiculopathy, associated with an industrial injury date of January 19, 1999. Medical records from 2013 were reviewed. The latest progress report, dated 12/20/2013, showed persistent pain with a score of 6/10 in the back, shoulder, right foot, and right arm. The pain was described as sharp and burning in quality. Physical examination revealed restricted range of motion for the cervical spine. Lumbar spine was noted to have stiffness and spasms in the paravertebral muscles. Tenderness in the thoracic and lumbar facets was noted. There was diffuse tenderness over the right shoulder. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, chiropractic therapy, physical therapy, injections therapy, and medications which includes Effexor since July 2013. Utilization review from 12/24/2013 denied the request for the purchase of Effexor 37.5mg #30 because the patient has been on serotonin and norepinephrine reuptake inhibitor (SNRI) for longer than 4 months with no documentation that the medication has helped pain scale ratings, improved function or helped decrease other analgesic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF EFFEXOR 37.5 MG #30: Upheld

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

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

Decision rationale: According to page 123 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Venlafaxine (Effexor) is FDA-approved for the treatment of depression. In this case patient has been on this medication since July 2013 which was prescribed for depression associated with chronic pain. However, there was no documentation as to the benefits derived from this medication, or evidence regarding psychological symptoms and evaluation. Additional information is necessary to support this request. Therefore, the request for 1 prescription of Effexor 37.5mg #30 is not medically necessary.