

Case Number:	CM14-0023660		
Date Assigned:	05/12/2014	Date of Injury:	01/21/2011
Decision Date:	07/24/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old female who has submitted a claim for knee sprain, medial meniscus tear, chronic pain syndrome, discogenic pain, facet syndrome, and low back pain associated with an industrial injury date of 01/21/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the right leg and low back, graded 6/10 in severity. Patient reported improvement upon intake of medications; however, with adverse effect of heartburn. Muscle spasm was noted at vastus medialis and hamstrings. Gait was antalgic. Straight leg raise test was positive on the right with radicular pain at the level of the knee. Patient was mentally alert, attentive, oriented, without signs of agitation or drowsiness. Treatment to date has included right knee arthroscopic surgery in 2011, corticosteroid injection to the right knee, physical therapy, home exercise program, and medications such as topical creams, Venlafaxine, pantoprazole, Nabumetone, and ibuprofen. Utilization review from 02/03/2014 denied the requests for Effexor XR 75mg, #30 because of no evidence for depression and absence of mental status examination; and denied pantoprazole 20mg, #30 because of no evidence that gastritis was due to NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: EFFEXOR XR/VENLAFAXINE XR 75MG #30, DATE OF SERVICE 1/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines VENLAFAXINE (EFFEXOR (R)) Page(s): 123.

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 a known depression secondary to chronic pain. She was prescribed Venlafaxine since November 2013. 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 retrospective request for Effexor XR/Venlafaxine XR 75mg #30(date of service 1/20/14) was not medically necessary.

RETROSPECTIVE REQUEST: PANTOPRAZOLE (PROTONIX) 20MG #30, DATE OF SERVICE 1/20/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors: age greater than 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient is a 55-year-old female who reported symptoms of heartburn associated with intake of multiple pain medications. She reported gastrointestinal improvement upon use of PPI. The medical necessity for PPI has been established. Therefore, the retrospective request for retrospective request for Pantoprazole (Protonix) 20mg #30 (date of service 1/20/14) was medically necessary.