

Case Number:	CM14-0028137		
Date Assigned:	06/13/2014	Date of Injury:	07/20/2000
Decision Date:	11/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 58-year-old male who suffered an injury on 7/20/2000. He was driving on the interstate when he lost control of his vehicle, it went off the embankment and rolled several times and was pinned within the truck for approximately 45 minutes. He suffered a cervicothoracic strain and contusion, and a C4 fracture. Since then, he has had continuous neck pain, and has been found to have posterior disc bulges at C3-4, C4-5 and C5-6 with associative canal stenosis. The patient eventually underwent posterior cervical fusion from C3-C5, developed cervical myalgia's/myofasciitis, and cervicogenic headaches and cervical neuralgia. Additionally, he has developed left shoulder pain and lumbo-sacral pain (status post lumbar fusion) that is documented as achy and stiff that seems to be amenable to Osteopathic Manipulative Medicine. In dispute is a decision for Effexor XR, 75mg #90 with 11 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Effexor XR 75mg #90 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 16.

Decision rationale: Per guidelines, Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label it is used for fibromyalgia, neuropathic pain, and diabetic neuropathy. Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. (Maizels, 2005) (ICSI, 2007) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The requested length of initial treatment does not meet the specified CA MTUS guidelines for initiating treatment utilizing Effexor for its off label treatment of fibromyalgia/neuropathic pain. The request is not medically necessary at this time.