

Case Number:	CM14-0035917		
Date Assigned:	06/23/2014	Date of Injury:	08/19/2000
Decision Date:	12/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 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:

This is a 44-year-old female with an 8/19/00 date of injury. The mechanism of injury occurred when a patient grabbed her on her neck. According to the most recent progress report provided for review, dated 10/7/13, the patient was distraught regarding the denials of most of her psychiatric medications. She never took psychiatric medications prior to her injury. She developed a reactive depression to her chronic pain and loss of employment. She rated her pain as a 6/10 on a regular basis, 2/10 at best, and 10/10 at worst. Objective findings: depressed affect, increased lumbar lordosis, restricted lumbar range of motion with reproduction of pain, DTR of Achilles and patellar tendon 2+ symmetrical. Diagnostic impression: cervical myofasciitis, chronic pain, PTSD, depression, anxiety, diffuse myofascial pain, migraine. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 3/13/14 denied the request for Effexor. It is not clear why the Effexor was being prescribed, and there was mention of the patient already on other antidepressants, including buspirone and Seroquel. It is also not clear whether the Effexor was being prescribed for pain or for depression as well. There was also no documentation of the patient having a severe objective depression condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs Page(s): 15,105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Effexor)

Decision rationale: CA MTUS recommends SNRIs as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Effexor is FDA-approved for anxiety, depression, panic disorder and social phobias. Effexor has off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. However, in the present case, the most recent medical record provided for review was dated 10/7/13. The medical necessity for the requested medication cannot be determined without updated records establishing the patient's current condition. In addition, there were no psychological evaluation reports or discussion of the patient's previous psychiatric treatment history to determine if an anti-depressant medication is indicated in this patient. Furthermore, the strength and quantity of the medication requested were not provided. Therefore, the request for Effexor was not medically necessary.