

Case Number:	CM14-0036098		
Date Assigned:	06/23/2014	Date of Injury:	07/10/2001
Decision Date:	07/22/2014	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 Family 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 injured worker's date of injury is 07/10/2001. The patient receives treatment for chronic low back pain associated with degenerative spondylosis of the lumbar spine with radiculopathy. A lumbar MRI dated 01/25/2011 demonstrated disc bulging at L5 - S1 and mild foraminal stenosis at L4-L5. On 08/06/2013 the patient received lumbar epidural steroid injection. The patient also received radio frequency ablation in the lower back. The patient has had medical treatment for insomnia in the past. On the visit date of 03/07/2013, the patient exhibited an antalgic gait and appeared to be in moderate pain, scale 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hydrochloride 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient has chronic low back pain with radiculopathy. The treating physician is requesting this short acting opioid for break through pain. The MTUS Chronic Pain Guidelines indicate long-term pain management with opioids is associated with hyperalgesia,

dependence, tolerance and addiction. There is no documentation of any benefit of functional capacity, nor any documentation of aberrant behavior, or side effects. The MTUS Chronic Pain Guidelines require documentation of these clinical data. The request for Oxycodone is not medically necessary and appropriate.

Effexor XR 75mg #30 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Treatment of Depression; accessed online.

Decision rationale: The treating physician in the note dated 03/07/2014 is requesting Effexor XR 75 mg for "depressed mood." Venlafaxine is classified as an anti-depressant. It may be medically indicated for the treatment of major depression or panic disorder. Clinical treatment guidelines recommend a trial of an SSRI first. A PHQ-9 questionnaire, which is an objective questionnaire useful in documenting major depression, was not documented within the medical records provided for review. The request for Effexor XR is not medically necessary and appropriate.