

Case Number:	CM14-0042869		
Date Assigned:	07/02/2014	Date of Injury:	04/09/2003
Decision Date:	09/12/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 46-year-old female with a date of injury of 04/09/2003. The listed diagnoses per [REDACTED] are: 1. Radiculopathy, lumbar spine. 2. Degenerative disk disease, lumbar spine. 3. Lumbosacral spondylosis without myelopathy. 4. Lumbar disk disorder. According to progress report 03/13/2014, the patient presents with continued low back pain on the right which she describes as sharp, aching, burning, throbbing, and shooting. The patient describes her mood as frustrated, depressed, and angry. The patient states her pain is 7/10 today, on average 8/10, at best 7/10, and at worst 8/10. With current medication, the patient notes sitting tolerance is improved by 30%, standing improved by 30%, walking improved by 30%, lifting improved by 10%, household chores tolerance improved by 30%, and work tolerance is improved by 10%. A urine drug test was obtained on 03/13/2014 which was consistent with the medications prescribed. The patient's medication regimen includes Effexor 50 mg, Tramadol 50 mg, Fentanyl 50 mcg, Topamax 25 mg. Physical examination revealed tenderness in the right and left lumbar paravertebral regions in the L4-L5 and L5-S1 levels. There is tenderness in the bilateral sacroiliac joint and bilateral buttocks. Physician is requesting a refill of prescription including Venlafaxine 75 mg #30. Utilization Review denied the request on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VENLAFAXINE 75 MG QUANTITY 30 TABLETS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 105, 23, 78-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant agents Page(s): 13-15.

Decision rationale: This patient presents with chronic low back pain which radiates down the right leg and into the right pelvic area. The physician is requesting a refill of Venlafaxine 75 mg #30. Utilization Review denied the request stating "there is no clear indication that the associate has been prescribed tricyclic antidepressant or to indicate that they were ineffective." For antidepressants, the MTUS Guidelines page 13 to 15 states, "Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder, social phobias. Off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy." In this case, the physician documents decrease in pain and increased in functional capacity with taking the current medication regimen which includes Venlafaxine. Given the patient's diagnosis of depression and objective findings of neuropathic pain, recommendation is for approval.