

Case Number:	CM14-0047752		
Date Assigned:	06/25/2014	Date of Injury:	06/28/2006
Decision Date:	08/08/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 Texas. 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 injured worker is a 42 year old female injured on 06/28/06 due to an undisclosed mechanism of injury. Current diagnoses include post-laminectomy syndrome with laminectomy at L5-S1 in 2007, persistent low back pain with lower extremity radicular pain, gastritis due to non-steroidal anti-inflammatory drugs use, and new onset neck and shoulder pain. The clinical note dated 01/22/14 indicates the injured worker presented complaining of low back pain radiating to the right lower extremity. The injured worker reports utilizing 2 Gabapentin at night with slight improvement in leg pain. The injured worker rates pain at 8/10 without medication and 6/10 with medications. Objective findings include ambulation with a limp, strength of the right lower extremity is decreased at 4/5 against resistance. Current medications include Tylenol #3, 2-3 times per day, Prilosec 20mg twice a day, Reglan 10mg as needed, Colace 100mg as needed, Biofreeze, Flector patch, Effexor 37.5mg twice a day, Baclofen 10mg as needed, and Gabapentin 300mg 2 tablets every night. The treatment plan includes increase Gabapentin to 3 tablets every night and continue other medications as prescribed. The initial request for Effexor 37.5mg, quantity unknown was initially non-certified on 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 37.5 MG Quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (venlafaxine Page(s): 45.

Decision rationale: Effexor is recommended as an option in first-line treatment of neuropathic pain. Additionally, it has Food and Drug Administration approval for treatment of depression and anxiety disorders. The injured worker has no documented symptoms associated with depression indicating the need for pharmaceutical intervention. Additionally, the recent clinical notes lack objective findings significant for neuropathy. Further, the request lacked the quantity, frequency, and number of refills to be provided. As such, the request for Effexor 37.5mg cannot be recommended as medically necessary.