

<b>Case Number:</b>	CM14-0052978		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Internal 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 42-year-old female who was assaulted and pistol whipped with multiple blows to her head, while working as an assistant manager at [REDACTED], after midnight on February 13, 2013. She has stated that she was almost killed, but the gun misfired after the assailant pulled the trigger as the gun was held to her head. She was evaluated with a head CT scan which was negative. She now suffers from frequent headaches several times per week which can last from several hours to several days. She additionally suffers with para-vertebral neck, thoracic and lumbar back pain with spasms and decreased range of motion. She reports these are worsened by repetitive use of her upper extremities and when she lifts anything heavier than 10-20 pounds. She has had four treatment of chiropractic therapy, and four treatment of hand therapy (there was no clarification of hand pain) which did not provide her with significant relief. She additionally was given Midrin which she does not take, because it was not helpful and intermittently uses Meloxicam and Flexeril. In spite of this she feels as if her chronic pain has only worsened. The primary emphasis in the medical records has been on her high level of anxiety, depression and Post-Traumatic Stress Disorder (PTSD) symptoms. She has had ongoing assessments with a Clinical Psychologist and reportedly was receiving Cognitive Behavioral Therapy with some reported benefit. Most recently in March 2014 (erroneously dated March 2013), she was evaluated by a [REDACTED] physician who repeated some Psychiatric testing. She had been given Lorazepam 0.5mg to be taken as needed early after the assault, and was started on Fluoxetine 20mg/daily in November 2013; yet, she still reported significant depression, anxiety and PTSD symptomatology. After reviewing her psychometric testing this same physician concluded that the complainant was still suffering psychological sequelae from her traumatic injury. She was able to return to work within a few weeks of the assault (possibly because she is a sole provider of three children); but, she was suffering

psychologically and physically. The physician pointed out that she has not adequately responded to Fluoxetine, counseling and several physical medicine therapies, and furthermore stated she would unlikely have any significant improvement unless a more aggressive step up in treatment occurred beyond her present treatments. He felt her symptoms were not so severe as to hinder her from benefitting from more intensive help. He recommended that her Fluoxetine be stopped and instead she be placed on a progressive dosing of Venlafaxine, which he felt would be a better option for the post concussive headaches and neck pains and her persistent depression and anxiety. Additionally, he suggested that she enter into a Functional Restoration Program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Initial Evaluation for Functional Restoration Program (FRP): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 California Code of Regulations 9792.20-9792.26, Chronic Pain programs (functional restoration programs), page 30-34 Page(s): 30-34.

**Decision rationale:** MTUS states when using a medication for chronic pain, the relief of pain can be temporary. Measures of the lasting benefit from this modality should include evaluating effects of pain relief in relationship to improvements in function and increased activity. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. Extrapolating beyond this, it would be best to observe the benefit (or lack of benefit) that Venlafaxine has on this patient's pain and her level of function before starting any additional intervention such as placing her in a functional restoration program. The MTUS criteria (see pages 30-34) for the general use of Functional Restoration Programs, states, "1) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There are other things that could be tried to address this patient's headaches, neck and back pain. One option is the serotonin-norepinephrine reuptake inhibitor (SNRI), Venlafaxine that has been authorized with this Reviewer's Decision Report. Other options could include a home exercise program, physical therapy, and possibly the anti-seizure medications- gabapentin or Lyrica. 2) The patient has a significant loss of ability to function independently resulting from chronic pain. This patient has impressively remained at her employment as an assistant manager. Even though she suffers from anxiety/depression and pain, she does not meet these criteria of having significant loss of ability to function." Thus, for all of these above reasons, the request for Initial Evaluation for Functional Restoration Program (FRP) is not medically necessary and appropriate.

#### **Initiate Venlafaxine 37.5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Pages 60-61. Venlafaxine, Page 12 Page(s): 12.

**Decision rationale:** Venlafaxine is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression, anxiety disorders and social phobias. The MTUS recommends Venlafaxine as an off label, option for first-line treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. Thus the use of Venlafaxine is deemed medically necessary for this patient who suffers from depression and anxiety- but, also with headaches, neck and back pain. The request for initiate Venlafaxine 37.5 is medically necessary and appropriate.