

<b>Case Number:</b>	CM14-0053168		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 42-year-old female with a 2/13/13 date of injury. At the time (4/9/14) of Decision for Initial evaluation for a Functional Restoration Program and Initiate Venlafaxine 37.5, there is documentation of subjective (upper back pain and left shoulder pain) and objective (increased tension in a broad pattern across the paraspinals and the upper trapezius muscle with diffuse palpable discomfort of a low grade and tenderness to palpation over the left glenohumeral region) findings, current diagnoses (lumbar sprain/strain, neck sprain/strain, and major depressive disorder), and treatment to date (cognitive therapy and medications (including ongoing treatment with Prozac)). 2/18/14 medical report identifies that the patient is being treated with Prozac which has improved the patient's depressive symptoms and anxiety. Regarding initial evaluation for a Functional Restoration Program, there is no documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation for a Functional Restoration Program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 31-32.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, neck sprain/strain, and major depressive disorder. However, despite documentation of conservative treatment (cognitive therapy and medications), there is no documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, there is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for Initial evaluation for a Functional Restoration Program is not medically necessary.

**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 Antidepressants for chronic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, depression, or anxiety disorder, as criteria necessary to support the medical necessity of Venlafaxine. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, neck sprain/strain, and major depressive disorder. In addition, there is documentation of depressive symptoms and anxiety. Therefore, based on guidelines and a review of the evidence, the request for Venlafaxine 37.5 is medically necessary.