

Case Number:	CM14-0062697		
Date Assigned:	07/11/2014	Date of Injury:	04/15/2006
Decision Date:	09/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurology, Psychiatry and Addition Medicine, has a subspecialty in Geriatric Psychiatry 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 is a 64-year-old female with a date of injury of 4/15/06. The mechanism of injury occurred when she lifted a mattress and felt pain in her right shoulder, arm, neck, head and ear. The only submitted records for review are from 10/22/08 and 3/14/13. The 10/22/08 report was a psychiatric report in which she continues to have pain and therefore her mood continues to respond only partially to her antidepressant regimen. She is taking Effexor XR 75mg 3 capsules daily, Lunesta and Trazodone. Her mental status exam revealed her to be severely isolating, and in chronic, constant pain. She has difficulty with concentration and poor memory. She has some suicidal ideation. The diagnostic impression is Major Depressive Disorder, moderate, single episode; Pain Disorder associated with general medical conditions with psychological factors. Treatment to date: medication management. A UR decision dated 4/22/14 denied the request for Venlafaxine 75mg ER. The request as written is not medically reasonable and necessary and therefore is not authorized. There was no current documentation submitted. Treatment to date: medication management. A UR decision dated 4/22/14 denied the request for Venlafaxine 75mg ER. The request as written is not medically reasonable and necessary and therefore is not authorized. There was no current documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine 75mg ER #90 D/S 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS recommends SNRIs as an option in first-line treatment of neuropathic pain, especially if tricyclic's are ineffective, poorly tolerated, or contraindicated. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Peer reviewed literature reveals Venlafaxine (Effexor ER) is indicated for the treatment of major depressive disorder. However, the documents provided were limited and the only report was from 10/22/08, and 3/14/13. More current reports would be needed in order to assess the need for the current medication, its effectiveness in improving the patient's functionality and improvement of her mood disorder. Therefore, the request for Venlafaxine ER 75mg #90, a 30 day supply is not medically necessary.