

Case Number:	CM14-0065501		
Date Assigned:	07/11/2014	Date of Injury:	10/06/2011
Decision Date:	08/13/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64-year-old woman who sustained a work-related injury on October 6, 2011. Subsequently, she developed a chronic pain syndrome. According to the note dated on February 5, 2014, the patient was complaining of severe right shoulder pain with headaches. Although the provider that event that the patient has to myofascial pain, the trigger point injections did not help with headaches. The patient has also mood problems. The provider requested authorization to use Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor, page(s) 124 Page(s): 124.

Decision rationale: Effexor is generally considered ineffective, poorly tolerated, and contraindicated when it comes to treatment of chronic pain. Although the patient developed a chronic pain syndrome and depression, the patient's record are not updated and a recent trial for tricyclic medications was not documented. The provider have to clarify the rational behind using

Effexor, and a recent records establishing the medical necessity to use Effexor and the modalities to assess its efficacy and side effect.