

Case Number:	CM14-0066310		
Date Assigned:	07/11/2014	Date of Injury:	10/30/2008
Decision Date:	08/29/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

The Injured worker is a 57 year old male with date of injury 10/30/2008. The date of the utilization review decision was 4/25/2014. The report dated 5/13/2014 suggested that the injured worker was using crutches to ambulate and is waiting for physiotherapy to be authorized. It was suggested that in the interim he was using hot and cold wrap, back brace, collar with gel and neck pillow. It was also indicated that the injured worker was buying Norco and Oxycodone off the street. His diagnosis includes discogenic lumbar condition with disc disease status post facet joint injections at four levels, thoracic sprain with facet inflammation, discogenic cervical condition, impingement syndrome of the bilateral shoulders, right wrist sprain, and internal derangement of knees bilaterally status post meniscectomy. It was noted that the injured worker has had a weight gain of over 40 lbs. The treatment plan indicated that physiotherapy was recommended for injured worker to stabilize himself so that he could get off the crutches and he was prescribed Effexor slow release 75 mg #60. It has been suggested that the injured worker has been prescribed Effexor since 2009 for symptoms of depression and anxiety. He was authorized for 12 physiotherapy sessions on 2/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physiotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, page(s).

Decision rationale: The MTUS states physical Medicine is recommended for passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) which can provide short term relief during the early phases of pain treatment. In addition, it is directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The submitted documentation suggests that the injured worker was authorized for 12 physiotherapy sessions on 2/26/2014. The request for 12 additional Physiotherapy sessions is not medically necessary.

1 Prescription for Effexor SR 75mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antidepressants for Treatment of MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor), page(s) 123 of 127. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Anti-depressants for treatment of MDD (major depressive disorder).

Decision rationale: Per the guidelines, Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has Food and Drug Administration (FDA) approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day. The injured worker suffers from neuropathic pain, depression and anxiety symptoms for which the use of Effexor is warranted. The request for 1 prescription for Effexor SR 75mg #60 is medically necessary.