

<b>Case Number:</b>	CM14-0073786		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 39 year old patient with date of injury of 06/20/2008. Medical records indicate the patient is undergoing treatment for chronic pain, depression. Subjective complaints include cervical, knee and low back pain rated 10/10, decreased to 5-6/10 with medications. Objective findings include antalgic gait and normal muscle tone of upper and lower extremities. Treatment has consisted of physical therapy, surgery, cognitive behavioral therapy, Morphine, Hydrocodone/APAP, Gabapentin, Relafen, Protonix, Venlafaxine ER, Docusate Sodium, Senna-s, Flexeril, lumbar fusion and lumbar epidural steroid injections. The utilization review determination was rendered on 11/19/2014 recommending modification of Venlafaxine ER 75mg #30 with 3 Refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venlafaxine ER 75mg #30 with 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments.

**Decision rationale:** MTUS states regarding Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has 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 375mg/day and of the ER formula is 225 mg/day. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. Dosage requirements are necessary in patients with hepatic and renal impairment. (Namaka, 2004) See also Antidepressants for chronic pain for general guidelines, as well as specific Venlafaxine listing for more information and references.

Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain and diabetic neuropathy. Dosing: Neuropathic pain (off-label indication); 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. Venlafaxine is FDA approved for the treatment of depression and requires continued monitoring for effectiveness per MTUS guidelines. Thus 3 refills would indicate 90 days without additional interim reevaluation. As such, the request for Venlafaxine ER 75mg #30 with 3 Refills is not medically necessary.