

<b>Case Number:</b>	CM14-0077086		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/21/1987
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 47-year-old female was reportedly injured on August 21, 1987. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities as well as anxiety and depression. The physical examination demonstrated an antalgic gait, full strength of the lower extremities, and tenderness as well as spasms along the lumbar spine. Urine drug screens were positive for TCA and THC. Previous treatment includes lumbar spine surgery. A request was made for venlafaxine and was not certified in the pre-authorization process on May 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venlafaxine HCL ER 37.5mg 2 capsules 2xday #60 Qty: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

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

**Decision rationale:** The progress note dated June 3, 2014, indicates that the injured employee is unsure if there is any benefit to taking venlafaxine or Lyrica and she is reducing her dosage.

Without any documentation of efficacy venlafaxine, this request for venlafaxine ER 37.5 mg is not medically necessary.