

<b>Case Number:</b>	CM14-0077434		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/25/1998
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/09/2014
<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 Family 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 worker is a female who was injured on 6/25/98. She was diagnosed with lumbar degenerative spondylolisthesis, lumbar arthrodesis, lumbar spinal stenosis, cardiac arrhythmia, chronic bronchitis, depression, hypothyroidism, and possible peripheral vascular disease. She was treated with oral analgesics, epidural injections, exercise, and back surgery. She had been taking anti-depressant medications, including Effexor, for years leading up to the request for a renewal of Effexor XR 150 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR 150mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): pp. 13-16.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly

tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, there was very limited documentation provided to the reviewer in order to gather the worker's history of use of the Effexor. It is unclear if the primary reason for its use was for her depression or her pain, and it was also unknown if the worker's depression was related to her injury or not. But in either case, there was no evidence found in the notes available for review, which showed a psychological, functional, and pain-relief benefit from the use of Effexor in order to justify continuation. Unfortunately, without this documentation, the Effexor is not medically necessary.