

<b>Case Number:</b>	CM14-0087842		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Occupational Medicine 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 patient is a 56 year old female who sustained an injury on 03/24/2011. The mechanism of injury is not documented. Progress note dated 05/12/2014 states the patient presented with complaints of low back pain, left shoulder pain, and constant neck pain radiating to the left side. She rated her pain as 4/10 with analgesic medications and 8-9/10 without analgesic medications. On exam, the lumbar spine revealed forward flexion of 45; extension of 15 degrees; and bilateral side bending to 20 degrees. She has tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. The cervical spine revealed forward flexion of 60 degrees; extension of 20 degrees; right and left rotation of 15 degrees and bilateral side bending of 20 degrees. There is tenderness present over the bilateral cervical paraspinal muscles as well. Deep tendon reflexes are 1+ in the bilateral and upper extremities. Diagnoses are lumbar radiculitis and cervical radiculitis. She has been recommended for ibuprofen 600 mg #60 and Venlafaxine XR 75 mg #30. She was also recommended for a low impact home exercise program. Prior utilization review dated 06/06/2014 states the request for 60 Tablets of Ibuprofen 600 mg is not certified and 30 Tablets of Venlafaxine XR 75 mg is certified for Venlafaxine XR 75 mg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Ibuprofen 600 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs: Back Pain- Chronic low back pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest duration possible. Efficacy of long-term use for chronic pain is questionable, and there is risk of significant side effects including delayed healing. In this case a request is made for Ibuprofen for a 56-year-old female with chronic neck, back and shoulder pain. The patient is taking Ibuprofen on a chronic basis. However, history and examination findings do not demonstrate significant functional improvement or pain reduction from use of this medication. Medical necessity is not established.

**30 Tablets of Venlafaxine XR 75 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Mental Illness & Stress: Antidepressants; Furukawa, 2002; Joffe, 1996.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANTIDEPRESSANTS FOR TREATMENT OF MAJOR DEPRESSIVE DISORDER.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) guidelines, antidepressants, such as Venlafaxine, are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Antidepressants are also recommended for depression. However, in this case, history and examination findings do not clearly establish neuropathic pain or radiculopathy. There is little information provided with regard to the patient's depressive symptoms or diagnosis. No psychiatric consultation notes are available. Further, records fail to demonstrate a positive response attributable to Venlafaxine use. Medical necessity is not established.