

Case Number:	CM14-0088674		
Date Assigned:	07/23/2014	Date of Injury:	03/14/2006
Decision Date:	09/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 14, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; opioid therapy; and antidepressant medications. In a Utilization Review Report dated May 29, 2014, the claims administrator failed to approve a request for Norco and Effexor, invoking a variety of MTUS and non-MTUS Guidelines in its report. The applicant's attorney subsequently appealed. On November 15, 2013, the applicant was described as having chronic neck pain radiating into the head. The applicant was also reporting headaches. The applicant stated that Norco was helpful, diminishing his pain from 4/10 to 2/10. The applicant was reportedly working on a full-time basis. The applicant's medication list included Norco, Asacol, Prilosec, Ambien, Tenormin, Effexor, Neurontin, and Imitrex, it was stated. Regular duty work was endorsed while Norco, Effexor, and Imitrex were renewed. In a medical-legal report dated November 14, 2012, it was again stated that the applicant was working regular duty as a truck driver. On January 6, 2014, the applicant was asked to continue taking Norco. The applicant's primary reported diagnosis was knee pain secondary to knee arthritis status post partial knee replacement. Regular duty work was endorsed. The applicant was apparently also using Effexor, Asacol, Prilosec, Ambien, Neurontin, and Imitrex, it was suggested. Regular duty work was again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg TID QTY: 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Chronic Pain; Ballantyne, 2006; Furlan, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine/Effexor Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reporting appropriate reduction in pain levels from 4/10 to 2/10 with ongoing Norco usage and, furthermore, has achieved and/or maintained successful regular duty work status as a truck driver with the same. Continuing Norco, then, is indicated. Therefore, the request is medically necessary.

Effexor ER 75 mg BID QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress Chapter, Antidepressants; Feuerstein, 1997; Perrot, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine/Effexor Page(s): 16.

Decision rationale: As noted on page 16 of the MTUS Chronic Pain Medical Treatment Guidelines, venlafaxine or Effexor is FDA approved in management of anxiety, depression, panic disorder, and social phobias but can be employed off label for neuropathic pain, fibromyalgia, and diabetic neuropathy. In this case, the admittedly limited information on file suggests (but does not clearly state) that the applicant is using Effexor for neuropathic pain associated with cervical radiculopathy. The applicant continues to report radiating neck pain status post earlier cervical fusion surgery. As with the request for Norco, the applicant has demonstrated success with Effexor by achieving and/or maintaining successful return to work status. The applicant is reporting appropriate reduction in pain levels with ongoing usage of medications, including ongoing Effexor usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.