

Case Number:	CM14-0197009		
Date Assigned:	12/05/2014	Date of Injury:	10/05/1999
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker is a 47 year-old female, who sustained an injury on October 5, 1999. The mechanism of injury is not noted. Treatments have included: medications, physical therapy, FRP, cervical traction, lumbar epidural and facet injections. The current diagnoses are: lumbago, lumbosacral neuritis/radiculitis, lumbar radiculopathy, lumbar degenerative disc disease, left shoulder adhesive capsulitis, and major depressive disorder. The stated purpose of the request for Effexor ER 75 MG #30 with 4 Refills was not noted. The request for Effexor ER 75 MG #30 with 4 Refills was denied on October 30, 2014, citing a lack of documentation of functional improvement. Per the report dated October 2, 2014, the treating physician noted complaints of persistent radicular back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor ER 75 MG #30 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

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

Decision rationale: The requested Effexor ER 75 MG #30 with 4 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Effexor is "FDA-approved for anxiety, depression, panic disorder and social phobias, with off label-use for fibromyalgia, neuropathic pain, and diabetic neuropathy." The injured worker has chronic radicular back pain. This medication has been prescribed since at least February 2014. The treating physician has not documented objective evidence of derived functional improvement. The criteria noted above not having been met, Effexor ER 75 MG #30 with 4 refills is not medically necessary.