

Case Number:	CM14-0208940		
Date Assigned:	12/22/2014	Date of Injury:	02/02/2005
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas
Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old woman who reported an injury on 02/02/2005. The mechanism of injury was not provided. The injured worker had a history of back pain. On 11/18/2014, the patient was seen for pain. The injured worker was seen for back pain. She had 60% relief with SCS. The injured worker is sleeping better and no longer feels the constant need to put pressure on the back of her head. The patient has a history of neck, shoulder, and left elbow pain. Has been without medication for 5 days. With medications the patient states her pain is helped by about 30%, and allows her to work with less pain. . The patient had a surgical history of a neck fusion at C5-C7 in 2005. Past medical treatments included acupuncture, chiropractic, ESI injections, facet joint injections, massage therapy, physical therapy, a TENS unit, and SCS. Medications included Keflex 500 mg 1 capsule every 6 hours, venlafaxine HCl 75 mg 1 capsule every day with food, Tylenol Allergy Sinus 30/500/25 one to 2 every day. Diagnostic studies included a CT of the cervical spine on 12/29/2009, x-ray of the cervical spine on 12/29/2009 and 07/01/2011, CT of the cervical spine on 07/01/2011. The treatment plan included continuing with the current medications, use ice and moist heat for pain control, refill medications. The Request for Authorization is dated 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13.

Decision rationale: The request for Venlafaxine ER 75 mg #30 is not medically necessary. The California MTUS Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain and possibly for non-neuropathic pain. Assessment and treatment should include not only pain outcome, but also an evaluation of function, changes in use of other analgesic medications, sleep quantity and duration, and psychological assessment. Side effects including extensive sedation should be assessed. It has been suggested that if pain is in remission for 3 to 6 months, gradual tapering of antidepressants may be undertaken. Long term use of antidepressants has not been established. It is unclear how long the patient has been on the requested medication. The patient continues to have pain. There is a lack of documentation of continued monitoring of side effects, sedation, pain outcomes, functional changes, sleep pattern, and psychological assessment. Gradual tapering is suggested if pain is under control for 3 to 6 months. As such, the request for Venlafaxine ER 75 mg #30 is not medically necessary.

Compound Cream (Unspecified description of compound) pharmacy purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for compound cream (unspecified description of compound) pharmacy purchase is not medically necessary. The patient has a history of neck, shoulder, and elbow pain. The California MTUS Guidelines state that compound creams are largely experimental in the efficacy and safety. In a compound cream that has 1 drug or drug class that is not recommended, it is not recommended. There is lack of documentation as to the ingredients for the compound cream. There is lack of documentation as to the body part for which the compound cream is to be used. As such, the request is not medically necessary.