

<b>Case Number:</b>	CM15-0100891		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	01/24/1991
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 57 year old female, who sustained an industrial injury on 01/24/1991. She has reported injury to the spine, bilateral knees, head, and psyche. The diagnoses have included lumbalgia; status post left total knee replacement; status post right total knee replacement; status post sacroiliac neurotomy bilateral L5,S1, s2, S3, S4major depression disorder; anxiety; insomnia; and chronic pain. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical interventions. Medications have included Ibuprofen, Norco, Gabapentin, Zanaflex, Effexor XR, Xanax, and Trazodone. A progress note from the treating physician, dated 04/24/2015, documented a follow-up visit with the injured worker. The injured worker reported that she lost her balance and fell on April 14, while coming out of the psychologist's office; has multiple bruises on the right lower leg and right knee, as well as an abrasion on her right knee; x-rays of both of her knees were okay; she is sore and bruised; has frequent falls; she is better and less depressed since the increase of the Effexor; and she still has some anxiety. Objective findings included ambulates with an unsteady gait; uses a cane for balance; cooperative; stable affect; and thought process is linear. The treatment plan has included the request for Effexor XR 150mg #60 times one refill; Xanax 0.5mg #40 times one refill; and Trazodone 100mg #30 times one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR 150mg #60 times one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, pages 13-16.

**Decision rationale:** The requested Effexor XR 150mg #60 times one refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, 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 noted that she is better and less depressed since the increase of the Effexor; and she still has some anxiety. Objective findings included ambulates with an unsteady gait; uses a cane for balance; cooperative; stable affect; and thought process is linear. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Effexor XR 150mg #60 times one refill is not medically necessary.

**Xanax 0.5mg #40 times one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The requested Xanax 0.5mg #40 times one refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker noted that she is better and less depressed since the increase of the Effexor; and she still has some anxiety. Objective findings included ambulates with an unsteady gait; uses a cane for balance; cooperative; stable affect; and thought process is linear. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5mg #40 times one refill is not medically necessary.

**Trazadone 100mg #30 times one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

**Decision rationale:** The requested Trazadone 100mg #30 times one refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker noted that she is better and less depressed since the increase of the Effexor; and she still has some anxiety. Objective findings included ambulates with an unsteady gait; uses a cane for balance; cooperative; stable affect; and thought process is linear. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Trazadone 100mg #30 times one refill is not medically necessary.