

<b>Case Number:</b>	CM15-0102115		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male patient who sustained an industrial injury on 10/06/2009. Diagnoses include radicular syndrome (thoracic/lumbosacral), lumbago, piriformis syndrome/sciatica, and chronic pain syndrome, degenerative disc disease of the lumbosacral region, lumbar disc herniation, radiculopathy, and osteoarthritis of the left knee, knee pain and depression. Per the physician progress note dated 04/29/2015 he has complaints of low back, radicular pain and left knee pain. He rates his pain as 7 out of 10 on the pain scale. He has left lower extremity numbness, tingling and pain extending to the foot. He notes having right lower extremity symptom to the buttock. The left lower extremity is worse than the right. He has ongoing left knee pain, and ongoing depression which he relates to the chronic pain. Current medications give him moderate relief of his pain. Physical examination revealed pain with lumbar flexion and extension and range of motion limited due to pain, straight leg raising test positive on the left, pain in the L5 and S1 distribution on the left and diffuse weakness in the left greater than the right. The medications list includes Norco, Effexor 37.5mg once a day, Terocin cream, clarithromycin, Zantac and Trazadone. He has undergone knee surgery in 2010, back surgery in 2011 and lumbar ESI on 3/13/2014. He has had a Magnetic Resonance Imaging of the lumbosacral spine dated 11/21/2013 which showed moderate to severe right sided and severe left sided neural foraminal stenosis, the degree of neural foraminal stenosis worsened since the last Magnetic Resonance Imaging was done on November 17, 2011; lumbar Magnetic Resonance Imaging done on 03/30/2011 which showed degenerative disc disease L5-S1 with herniated nucleus pulposus and degenerative disc disease at L4-5. He has had physical therapy for this

injury. The treatment plan is for a urine drug screen, psychiatric consultation, Terocin lotion, Norco were dispensed, and recommended he follow up with the spine specialist, [REDACTED] and [REDACTED]. Treatment requested is for Effexor XR cap ER 37.5 mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Effexor XR cap ER 37.5 mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13-14, 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

**Decision rationale:** Q-Effexor XR cap ER 37.5 mg #30. According to CA MTUS guidelines cited below Venlafaxine (Effexor) is Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. According to the records provided, patient had chronic low back pain, left knee pain with radicular symptoms with history of back and knee surgeries. He also has had depression secondary to pain. SNRIs like Effexor are a first line option for patients with neuropathic pain and depression. The request for Effexor XR cap ER 37.5 mg #30 is medically appropriate and necessary for this patient.