

Case Number:	CM15-0133501		
Date Assigned:	07/21/2015	Date of Injury:	06/04/2011
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 6/4/11. She reported low back pain radiating to the left leg and left groin pain. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included hernia repair, physical therapy, acupuncture, epidural injections, ultrasound therapy, TENS, a spinal cord stimulator, and medication. Currently, the injured worker complains of back pain and left leg pain. The treating physician requested authorization for Venlafaxine ER 75mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER (extended release) 75 mg Qty 30, 1 tablet daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

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

Decision rationale: According to the guidelines, Venlafaxine is an antidepressant that is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for

fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, specified use and response to medication was no provided. The claimant had been on anti-epileptics and analgesics for the same purpose. It is also not 1st line for management of the above diagnoses. The Venlafaxine use is not substantiated and not medically necessary.