MAXIMUS Federal Services

Case Number:	CM15-0134537		
Date Assigned:	07/22/2015	Date of Injury:	02/12/1996
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66 year old male who sustained an industrial injury on 02/12/1996. Mechanism of injury was not found in documentation presented. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, lumbago, cervicalgia and sleep apnea. Comorbidities include diabetes and hypertension. Treatment to date has included diagnostic studies, status post back surgery in 1996, status post angiogram in 2002, and left knee surgeries in 1998 and 2003. He is not working he is totally disabled. His medications include Fentanyl patch, OxyContin, Hydromorphone and he has a pain contract. A physician progress note dated 04/27/2015 documents the injured worker complains of chronic lower back pain. Range of motion is limited. He has no side effects from his medications. Treatment requested is for Venlafaxine HCI ER 150mg Qty 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine HCI ER 150mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13, 14, 16.

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

Decision rationale: Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The documentation dated 6/30/15 states that the patient has stress anxiety and depression which he takes Venlafaxine for and the provider hopes that work comp will continue to approve these medications. The documentation dated 4/28/15 indicates under the review of systems that the patient has no stress, anxiety, depression. The documentation is not clear on how long the patient has been on Venlafaxine. There is no diagnosis of fibromyalgia, diabetic neuropathy or evidence of functional improvement if the patient has had prior Venlafaxine. Without clarification of how long the patient has used this medication and the efficacy the request for Venlafaxine is not medically necessary.