

<b>Case Number:</b>	CM15-0138335		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/29/1991
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of June 29, 1991. In a July 9, 2015 utilization review report, the claims administrator failed to approve a request for Effexor. The claims administrator referenced an RFA form received on July 1, 2015 in its determination, along with an associated progress note of May 29, 2015. The applicant's attorney subsequently appealed. In an RFA form dated July 6, 2015, Effexor, Celebrex, Elavil, Lyrica, and Hysingla were endorsed. In an associated progress note dated June 26, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was struggling with her pain complaints and headaches. The applicant reported 10/10 pain without medications versus 3/10 with medications. The applicant was using a cane to move about, it was reported. The applicant had undergone earlier failed cervical and lumbar spine surgeries, it was reported. Effexor, Lyrica, Elavil, and Hysingla were prescribed. The applicant's permanent work restrictions were renewed. The applicant was not working with said limitations in place, it was acknowledged. It was not explicitly stated whether Effexor was being employed for chronic pain concerns or for depressive concerns, although it did appear that the prescribing provider was a pain management physician. In a February 16, 2015 progress note, the attending provider posited that the applicant's various analgesic and adjuvant medications were attenuating her pain scores from 10/10 to 6/10. The attending provider posited that the applicant's ability to shop for groceries, cook an unspecified amount, and perform other household chores was ameliorated because of ongoing medication consumption but did not elaborate further. The applicant was using brand name Percocet,

Celebrex, Imitrex, Lidoderm, Lyrica, Prilosec, Colace, Effexor, Elavil, and Cymbalta, it was reported. Permanent work restrictions were renewed. Once again, it was suggested (but not clearly stated) that the applicant was using Effexor for pain complaints. On June 29, 2015, the attending provider apparently appealed previously denied Effexor. The attending provider acknowledged that the applicant was still using a cane to move about. The attending provider stated that he believed his reports had demonstrated that the applicant had benefited with medication consumption. The attending provider pointed to a prior favorable IMR report as justification for continuing Effexor.

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

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

**Retrospective (DOS: 5.29.15) Effexor 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor); Functional Restoration Approach to Chronic Pain Management Page(s): 16; 7.

**Decision rationale:** No, the request for Effexor, an antidepressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Effexor is FDA approved for anxiety, depression, panic disorder, and social phobia but can be employed off label for fibromyalgia, neuropathic pain, and diabetic neuropathy, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, it did not appear this applicant had profited because of ongoing Effexor usage in terms of the functional improvement parameters established in MTUS 9792.20(e). The applicant was described as using a cane to move about on June 26, 2015, arguing against the attending provider's reports that the applicant's walking tolerance had improved because of ongoing medication consumption. The applicant was not working, it was acknowledged on June 26, 2015. Ongoing usage of Effexor had failed to curtail the applicant's dependence on opioid agents to include Hysingla, Percocet, etc., which the applicant was using at various points throughout mid-2015, referenced above. The applicant was described as struggling with her pain complaints on June 26, 2015. While the attending provider did recount some reported reduction in pain scores achieved as a result of ongoing medication consumption on February 16, 2015, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's renewal of permanent work restrictions, unchanged, from visit to visit, and the failure of Effexor to curtail the applicant's dependence on opioid agents such as Hysingla. The attending provider's report of February 16, 2015 to the effect that the applicant was able to walk up to 20 to 30 minutes per day and/or cook an unspecified amount did not constitute evidence of a meaningful, material, or substantive improvement in function and was, as noted previously, outweighed by the applicant's failure to return to work and the failure

of Effexor to reduce the applicant's opioid consumption. Therefore, the request was not medically necessary.