

Case Number:	CM15-0140003		
Date Assigned:	07/29/2015	Date of Injury:	06/01/2011
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 6-01-2011. The injured worker was diagnosed as having failed lumbar surgery syndrome. Treatment to date has included diagnostics, aqua therapy, and medications. Many documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of ongoing low back pain. Also noted were problems with gastrointestinal system, erectile dysfunction, and sleep. Exam noted tenderness of the lumbar paraspinals and painful range of motion. Prior follow-up with psyche related to anxiety and depression was noted. Current medication regimen was not noted. The use of Effexor CR was noted since at least 1-2015. Psyche progress reports were not submitted. The treatment plan included the use of Effexor CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor CR 37.5mg 1 tablet every AM with food #25-49: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter (Antidepressants).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 12.

Decision rationale: The records indicate the patient is suffering from Low back pain and numbness/tingling in the left leg. The current request is for Effexor CR 37.5mg 1 tablet every am with food #25-49. The MTUS does recommend Antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects including excessive sedation (especially that which would affect work performance) should be assessed, (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, the limited medical records do not establish that the patient is suffering from chronic pain or that the patient is currently suffering from anxiety and depression. Therefore, medical necessity has not been established for this request at this time.