

Case Number:	CM15-0149380		
Date Assigned:	08/12/2015	Date of Injury:	02/05/1999
Decision Date:	09/10/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 injured worker is a 49 year old male, who sustained an industrial injury on 2-5-99. He has reported initial complaints of back and hip injury after a fall at work. The diagnoses have included major depression and chronic pain status post multiple back surgeries. Treatment to date has included medications, psychiatry, psychotherapy, surgeries and other modalities. Currently, as per the physician progress note dated 6-30-15, the injured worker complains of not being able to do much and being home most of the time. He reports that he used to be very active. He reports depression and trouble sleeping due to ongoing chronic pain. The mental status exam reveals that his mood is depressed and affect is depressed. It is noted that the physician recommended him to go to the beach, walk, fish to try to get out of depression and the injured worker stated that he "don't feel like doing anything". The current medications included Venlafaxine ER, Ambien, Ativan Norco, OxyContin, and Baclofen. The physician requested treatment included 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 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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 should be assessed, including excessive sedation (especially that which would affect work performance). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. In this case, the injured worker stopped taking his antidepressant because he felt that it woke him up at night. His use of the medication has been intermittent. Additionally, SNRIs such as Venlafaxine have not been evaluated for back pain. The request for Venlafaxine ER 75mg #30 is not medically necessary.