

Case Number:	CM15-0164060		
Date Assigned:	09/01/2015	Date of Injury:	08/31/2010
Decision Date:	10/16/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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
 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 42-year-old female who sustained an industrial injury on 8-31-10. The injured worker was diagnosed as having cervical sprain-strain, cervical radiculopathy, thoracic sprain-strain, left shoulder sprain-strain and right shoulder compensatory pain. Currently, the injured worker reported pain in the neck and bilateral shoulders. Previous treatments included psychiatry evaluation, anti-inflammatory medication, oral pain medication, cortisone injection and home exercise program, ice and heat therapy. Previous diagnostic studies included cervical spine magnetic resonance imaging (March 2012), electromyography and nerve conduction velocity study. Work status was not documented in the 7-23-15 PR2. The injured workers pain level was noted as 6 out of 10. Physical examination was not documented in the 7-23-15 PR2. The plan of care was for a retrospective of Fenoprofen 400 milligrams quantity of 60 (date of service 7-23-15) and a retrospective of Venlafaxine extended release 75 milligrams quantity of 120 (date of service 7-23-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fenoprofen 400mg Qty: 60 (DOS 07/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The 42-year-old patient complains of neck and bilateral shoulder pain, rated at 6/10, along with left upper extremity numbness and tingling, as per progress report dated 07/23/15. The request is for RETROSPECTIVE FENOPROFEN 400mg QTY: 60 (DOS 07/23/2015). There is no RFA for this case, and the patient's date of injury is 08/31/10. Diagnoses, as per progress report dated 07/23/15, included cervical sprain/strain, cervical radiculopathy, thoracic sprain/strain, left shoulder sprain/strain, and right shoulder compensatory pain. Medications included Tramadol, Fenoprofen, Effexor and Mirtazipine. As per progress report dated 06/10/15, the patient complains of left shoulder pain and is awaiting left shoulder surgery. Diagnoses, as per progress report dated 05/12/15, included major depressive disorder, chronic pain disorder, and stressors related to changed functional status. The patient is on modified duty, as per report dated 05/13/15. Regarding NSAID's, MTUS page 22 state "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Fenoprofen is only noted in progress report dated 07/23/15. The treater is prescribing the medication for "mild pain." Prior reports document the use of Naproxen. The treater, however, does not document efficacy of NSAIDs in terms of reduction in pain and improvement in function, as required by MTUS page 60. Hence, the request IS NOT medically necessary.

Retrospective Venlafaxine ER 75mg Qty: 120 (DOS 07/23/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors), Venlafaxine (Effexor).

Decision rationale: The 42-year-old patient complains of neck and bilateral shoulder pain, rated at 6/10, along with left upper extremity numbness and tingling, as per progress report dated 07/23/15. The request is for RETROSPECTIVE VENLAFAXINE ER 75mg QTY: 120 (DOS 07/23/2015). There is no RFA for this case, and the patient's date of injury is 08/31/10. Diagnoses, as per progress report dated 07/23/15, included cervical sprain/strain, cervical radiculopathy, thoracic sprain/strain, left shoulder sprain/strain, and right shoulder compensatory pain. Medications included Tramadol, Fenoprofen, Effexor and Mirtazipine. As per progress report dated 06/10/15, the patient complains of left shoulder pain and is awaiting left shoulder surgery. Diagnoses, as per progress report dated 05/12/15, included major depressive disorder,

chronic pain disorder, and stressors related to changed functional status. The patient is on modified duty, as per report dated 05/13/15. MTUS, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Section, pages 16-17 states: "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, it appears that the patient has been taking Venlafaxine since July/August, 2014. However, the exact date of initiation of this medication is not known. As per progress report dated 05/11/15, "ten days into taking Venlafaxine and 3 days into increasing the dose to 75 mg 2 per day, she was again feeling overwhelmed by her situation," and attempted suicide. The dose was increased further after this incident and during the 04/13/15 visit, the patient reported improved mood. As per progress report dated 05/13/15, "depression symptoms are stable with Venlafaxine." MTUS supports the use of this medication for depression. Given the efficacy, the request appears reasonable and IS medically necessary.