

Case Number:	CM15-0183774		
Date Assigned:	09/24/2015	Date of Injury:	07/15/1986
Decision Date:	10/29/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 7-15-1986. The injured worker was being treated for chronic pain syndrome, cervicgia, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, anxiety state, unspecified, and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included diagnostics, diagnostics medial branch block, radiofrequency lesioning, and medications. Currently (7-23-2015), the injured worker complains of chronic neck pain, left side greater than right, associated with stiffness and headaches, pain shooting down the left upper extremity, with some tingling, numbness, and weakness, and chronic anxiety, panic attacks, and depression. Other complaints included ringing in the ears, for which she was being treated for by her family physician. The treating physician documented that Utilization Review "allowed her to continue on Effexor" but some medications were recommended to be discontinued, decreased, or weaned off. The injured worker was "upset" about this and she stated that medications have allowed her to stay functional and decreasing medications "resulted in decreased quality of life and functionality". Her pain rating was usual 6 out of 10, 5 of 10 at least, and 8 of 10 at worst. It was documented that pain was "worse", sleep pattern was "worse", and functionality was "worse". It was documented that she was usually using Norco for pain, Cyclobenzaprine for muscle spasms, Celebrex, and Effexor for chronic depression. She reported being out of narcotics since the last week. Her work status was permanent and stationary and she was documented as "disabled". Her functional ability noted that she was able to do housework, maintain activities of daily living, and care for children. It was documented that her anxiety state "has been under well control" and it was appropriate to continue medications. The use of Effexor at current dosing was noted since at least 12-2014. The treatment plan included continued Effexor 75mg (1 tablet three times daily with food) #90, non-certified by Utilization Review on 9/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: According to the guidelines, anti-depressants such as Effexor may be used for major depression. In this case, the claimant has been on Effexor for an unknown length of time. The recent notes indicate, the claimant still has anxiety and remains tearful. Although, the claimant does mention it helps. Behavioral interventions and failure of other medications is not noted. The Effexor may not be the most effective option alone and is not a medically necessity.