

Case Number:	CM15-0190847		
Date Assigned:	10/05/2015	Date of Injury:	07/12/2000
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina
 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 36 year old female, who sustained an industrial-work injury on 7-12-00. She reported initial complaints of neck, right shoulder, right elbow, right wrist, and hand pain. The injured worker was diagnosed as having impingement syndrome of the shoulders with persistent bicipital tendonitis, epicondylitis laterally on the right, right wrist inflammation, cervical strain, cervical degenerative disc disease, weight gain, and depression. Treatment to date has included medication, surgery (right shoulder on 8-10-15), injections, hot-cold wraps, braces, traction, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy (12 sessions). Currently, the injured worker complains of pain in right shoulder with limitations of use. Medications listed included Celebrex, Flexeril, Lunesta, Tramadol ER, Norco, and Wellbutrin SR. Per the qualified medical examiner report on 8-18-15, exam notes suture removal, no evidence of infection to shoulder, and exercises were not done on exam. Current plan of care includes medication. The Request for Authorization requested service to include Effexor 75mg #60. The Utilization Review on 8-26-15 denied the request for Effexor 75mg #60, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, effexor.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression. The medical records show that the patient has symptomatic depression with no contraindications to the medication. Therefore the request for Effexor 75mg #60 is medically necessary.