

Case Number:	CM15-0190867		
Date Assigned:	10/05/2015	Date of Injury:	10/07/2009
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
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: 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:

This 68 year old female sustained an industrial injury on 10-7-09. Documentation indicated that the injured worker was receiving treatment for right shoulder impingement with subacromial bursitis and partial rotator cuff tear, right elbow lateral epicondylitis, cervical spine herniated nucleus pulposus, cervical radiculopathy and right carpal tunnel syndrome. Previous treatment included physical therapy, chiropractic therapy, acupuncture, epidural steroid injections, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2-9-15, the injured worker complained of intermittent neck and back pain with radiation to bilateral upper and lower extremities, rate 5 to 6 out of 10 on the visual analog scale. The injured worker had discontinued all medications and was trying to avoid taking medications at this time. The injured worker stated that she preferred Lidopro cream to oral medications. The injured worker received a refill of Pamelor. In the most recent documentation submitted for review, a PR-2 dated 5-4-15, the injured worker complained of intermittent neck pain with radiation to bilateral upper extremities associated with numbness and intermittent low back pain with radiation to bilateral lower extremities, associated with numbness. The injured worker rated her pain 5 to 7 out of 10 on the visual analog scale. Current medications consisted of Pamelor with a noted benefit of increased sleep and Lidopro. The injured worker was alert, oriented and in no acute distress. The physician stated that the injured worker sat comfortably for the exam. Physical exam was remarkable for tenderness to palpation to the cervical and thoracic spine with decreased range of motion. The treatment plan included discontinuing Pamelor and Lidopro, a prescription for

Trazodone as needed for sleep and a neurology consultation. On 9-10-15, Utilization Review modified a request for Venflaxine ER 37.5 mg #60 to Venflaxine ER 37.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venflaxine extended release 37.5mg #60: Overturned

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): SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: The 68 year old patient complains of neck pain, rated at 7/10, radiating to bilateral upper extremities, and low back pain, rated at 5/10, radiating to bilateral lower extremities, as per progress report dated 05/04/15. The request is for venflaxine [venlafaxine] extended release 37.5mg #60. There is no RFA for this case, and the patient's date of injury is 10/07/09. Diagnoses, as per progress report dated 05/04/15, included right shoulder partial rotator cuff tear, right shoulder subacromial bursitis, right shoulder impingement, right shoulder humeral head cyst as well as subcoracoid and subscapularis bursa region, right elbow lateral epicondylitis, right hand carpal tunnel syndrome symptoms, myelopathy, multiple HNPs of the cervical spine, cervical radiculopathy, and chronic mid back complaints. Trazodone was prescribed during the 05/04/15 visit while Palmelor and Lidopro were discontinued. The patient is not working, as per the same progress report. MTUS chronic pain guidelines 2009, 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, only two progress reports dated 05/04/15 and 02/09/15 were provided for review and these progress reports did not discuss Venlafaxine. The Utilization Review denial letter documents the findings of progress report dated 08/04/15 (not available for IMR review), and states that a trial of Venlafaxine was recommended in it to address the patient's radiculopathy. Given the neuropathic pain, a trial appears reasonable. Subsequent use will depend on the impact of this trial on the patient's pain and function. The request is medically necessary.