

<b>Case Number:</b>	CM15-0201832		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/13/2000
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, 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 applicant is represented [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD), chronic pain syndrome, and attention deficit hyperactivity disorder (ADHD) reportedly associated with an industrial injury of November 13, 2000. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for Effexor (venlafaxine). The claims administrator referenced a September 22, 2015 office visit and an associated RFA form of the same date in its determination. On September 22, 2015, the applicant reported ongoing complaints of major depressive disorder, attention deficit hyperactivity disorder, and chronic pain syndrome. The applicant was having issues with insomnia, chronic pain, depression, and downturn in mood despite ongoing medication consumption. The applicant was asked to continue Adderall and Ativan. It was suggested that the applicant employ venlafaxine (Effexor) at a heightened dosage of 225 mg daily. The applicant was using venlafaxine (Effexor) at a rate 150 mg daily on July 30, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsules of Venlafaxine ER 225mg, #30 (30 per month for 8 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** No, the request for an eight-month supply of venlafaxine (Effexor) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as venlafaxine (Effexor) often taken "weeks" to exert their maximal effect, here, however, the request for an eight-month supply of Effexor (venlafaxine) was seemingly at odds with both the MTUS Guideline in ACOEM Chapter 15, page 402 and with the MTUS Guideline in ACOEM Chapter 3, page 47, the latter of which stipulates that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendation. Here, the attending provider stated on September 25, 2015 that previous usage of Effexor had proven suboptimal. The applicant had failed to respond favorably to previous usage of the same, the treating provider suggested on that date. Flexeril was endorsed at a heightened dosage on that date. The request for an eight-month supply of Effexor, thus, was at odds with the MTUS Guideline(s) in the ACOEM Chapter 15, page 402 and with the MTUS Guideline in ACOEM Chapter 15, page 47 as it did not contain the proviso to reevaluate the applicant at any point in the midst of the eight-month course of Effexor at issue so as to ensure favorable response to the same before proceeding with continued usage of venlafaxine. Therefore, the request was not medically necessary.