

Case Number:	CM15-0205081		
Date Assigned:	10/22/2015	Date of Injury:	07/15/2001
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 65 year old female, who sustained an industrial injury on July 15, 2001, incurring low back pain. She was diagnosed with facet hypertrophy. Treatment included pain medications, neuropathic medications, antidepressants, home exercise program, and activity restrictions. Currently, the injured worker complained of persistent chronic pain. Her medications had kept her functional. Without medications she was hardly able to do any activities. She noted 70% improvement of pain in her fingers with the use of medications. She was able to do her activities of daily living with the help of her medications. She rated her pain 7-9 out of 10 on a pain scale from 0 to 10 with repetitive activities making the pain worse and the lack of medications also making her pain worse. She was diagnosed with chronic low back pain and depression. The treatment plan that was requested for authorization included a prescription for Venlafen 75 mg #90. On October 9, 2015, a request for Venlafen was denied by the physician advisor but allowed one month supply for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafen 75mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS, "Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. (Saarto- Cochrane, 2007) (ICSI, 2007) Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options." The injured worker suffers from neuropathic pain and noted 70% improvement of pain in her fingers with the use of medications including Venlafaxine which is recommended as first line option by MTUS. It has been documented that she was able to do her activities of daily living with the help of her medications. The request for Venlafaxine 75 mg #90 is medically necessary for continued treatment of chronic pain.