

Case Number:	CM15-0210398		
Date Assigned:	10/29/2015	Date of Injury:	02/16/2011
Decision Date:	12/11/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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 injured worker is a 50 year old male who sustained an industrial injury on 2-16-11. A review of the medical records indicates that the worker is undergoing treatment for other and unspecified disc disorder lumbar region, unspecified internal derangement of knee, chondromalacia of patella, and depression due to chronic pain and inactivity. Subjective complaints (9-30-15) include knee pain more in the medial than lateral joint line, some instability, ongoing anxiety, depression and insomnia secondary to pain, and he utilizes a compression sleeve and a cane. It is noted he is approved for Hyalgan injections to bilateral knees. Objective findings (9-30-15) include tenderness along both knees, extension is about 170 degrees bilaterally and flexion is 120 degrees on the right and 90 degrees on the left and (8-31-15) issues with sleep, stress and depression are noted. Previous treatment includes aqua therapy, braces, physical therapy, psychological behavioral pain management, bilateral Hyalgan injections (both knees 9-30-15), Lunesta, Tramadol ER, and Effexor 75mg (for depression). The requested treatment of Effexor 75mg #60 was non-certified on 10-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Venlafaxine (Effexor®) Section.

Decision rationale: Per MTUS guidelines and the ODG, Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. In this case, it appears that effexor has been prescribed for some time but there is no mention of the effectiveness of this medication in terms of alleviating the injured workers depression. The request for Effexor 75mg, #60 is not medically necessary.