

<b>Case Number:</b>	CM15-0217712		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	12/21/2005
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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:

The injured worker is a 51-year-old female, who sustained an industrial injury on 12-21- 2005. The injured worker is undergoing treatment for: low back pain, and left leg pain, depression and anxiety. On 9-22-15, she is reported to be seen for post-traumatic stress disorder. She reported feeling sedated and not able to sleep well. She indicated Seroquel made her feel drowsy however was not able to get to sleep and awakens every hours. She is noted as describing depression, fatigue, hopelessness, and apathy. She also reported continued issues with pain, and disability as well as feelings of being overwhelmed, panic attacks and life changes. The provider noted there were no paranoid thoughts. There is notation of "medications tried and failed: Effexor not work, Cymbalta not work, ambient not help, Xanax not work, Wellbutrin stopped working". There is no discussion regarding why the provider ordered laboratory testing for testosterone free and total. The treatment and diagnostic testing to date has included: medications, urine drug screen (6-15-15, 7-27-15, and 8-12-15), and multiple psychiatric sessions. Medications have included: abilify, fluoxetine, Lidocaine patches, lorazepam, norco and Effexor. Current work status: unclear. The request for authorization is for: Effexor 75mg, Effexor 150mg, labs: testosterone free and total. The UR dated 10-22-2015: non-certified the request for Effexor 75mg, Effexor 150mg, labs: testosterone free and total.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor 75 mg QTY 7.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

**Decision rationale:** Based on the 09/01/15 progress report provided by treating physician, this female patient presents with chronic back pain with radiation to left leg and numbness in toes, insomnia, depression and anxiety. The patient is status post L4-5 spinal fusion in 2005. The request is for Effexor 75 MG QTY 7.00. Patient's diagnosis per Request for Authorization form dated 10/15/15 includes post traumatic stress disorder, and manic depressive disorder. Physical examination on 09/01/15 revealed decreased range of motion of lumbar spine. Treatment to date has included surgery, epidural injections, psychiatric sessions, and medications. Patient's medications include Abilify, Fluoxetine, Lidocaine patches, Lorazepam, Percocet, Norco and Effexor. Patient's work status not provided. MTUS, 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. Effexor is included in patient's medications, per progress report dated 09/22/15. It is not known when this medication was initiated. Treater has not provided reason for the request. Treater states "start effexor take 75mg for 7 days then take 150mg." Given the patient's continued symptoms and diagnosis, this request would appear to be indicated. However, treater states in 09/22/15 report: "meds tried and failed; effexor not work..." There is no discussion as to why a medication, which was documented to be ineffective, is being prescribed. In addition, treater has not documented how this medication has impacted the patient in terms of decrease in pain and functional improvement. MTUS p60 states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Effexor 150 mg QTY 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

**Decision rationale:** Based on the 09/01/15 progress report provided by treating physician, this female patient presents with chronic back pain with radiation to left leg and numbness in toes, insomnia, depression and anxiety. The patient is status post L4-5 spinal fusion in 2005. The request is for Effexor 150 MG QTY 30.00. Patient's diagnosis per Request for Authorization

form dated 10/15/15 includes post traumatic stress disorder, and manic depressive disorder. Physical examination on 09/01/15 revealed decreased range of motion of lumbar spine. Treatment to date has included surgery, epidural injections, psychiatric sessions, and medications. Patient's medications include Abilify, Fluoxetine, Lidocaine patches, Lorazepam, Percocet, Norco and Effexor. Patient's work status not provided. MTUS, 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. Effexor is included in patient's medications, per progress report dated 09/22/15. It is not known when this medication was initiated. Treater has not provided reason for the request. Treater states "start effexor take 75mg for 7 days then take 150mg." Given the patient's continued symptoms and diagnosis, this request would appear to be indicated. However, treater states in 09/22/15 report: "meds tried and failed; effexor not work..." There is no discussion as to why a medication, which was documented to be ineffective, is being prescribed. In addition, treater has not documented how this medication has affected the patient in terms of decrease in pain and functional improvement. MTUS p60 states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Labs-Testosterone free and total QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** Based on the 09/01/15 progress report provided by treating physician, this female patient presents with chronic back pain with radiation to left leg and numbness in toes, insomnia, depression and anxiety. The patient is status post L4-5 spinal fusion in 2005. The request is for labs-testosterone free and total QTY 1.00. Patient's diagnosis per Request for Authorization form dated 10/15/15 includes post traumatic stress disorder, and manic depressive disorder. Physical examination on 09/01/15 revealed decreased range of motion of lumbar spine. Treatment to date has included surgery, epidural injections, psychiatric sessions, and medications. Patient's medications include Abilify, Fluoxetine, Lidocaine patches, Lorazepam, Percocet, Norco and Effexor. Patient's work status not provided. MTUS, Testosterone Replacement for Hypogonadism Section, page 110 has the following regarding serum Testosterone lab tests: "Recommended in limited circumstances for patients taking high- dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be Testosterone considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia." The U.S. Dept of Health and Human Services Guideline

Clearinghouse have the following regarding serum Testosterone testing: "General screening for testosterone deficiency in men is not recommended but should be guided by medical history and clinical examination. Erectile dysfunction by itself is not an indication for testosterone testing. In the presence of erectile dysfunction with decreased libido and/or testicular atrophy, serum testosterone testing is indicated." Treater has not provided medical rationale for the request. MTUS guidelines support serum testosterone labs in male patients taking chronic opioids who present with gynecomastia or testicular atrophy. This female patient does not meet guideline criteria for such testing; and there are no discussions or physical exam findings indicative of hypogonadism to substantiate this request, even if the patient were male. Therefore, the request is not medically necessary.