

Case Number:	CM15-0217788		
Date Assigned:	11/09/2015	Date of Injury:	08/30/2001
Decision Date:	12/28/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	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:

This 68 year old female sustained an industrial injury on 8-30-01. Documentation indicated that the injured worker was receiving treatment for chronic myofascial pain of the neck and bilateral upper extremities, chronic left ankle pain, bilateral lower extremity neuropathy. Past medical history was significant for hypothyroidism, hypercholesterolemia, diverticulosis and depression. Recent treatment consisted of medication management and psychiatric care. In a progress reported dated 3-11-15, the physician stated that the injured worker's spouse was now acting as her caretaker as her dementia had affected her ability to conduct activities of daily living. The injured worker reported no significant change in her condition since her last appointment on 10-2-14 with ongoing neck and upper extremity pain, bilateral shoulder pain and left elbow pain with some intermittent radiating pain from her feet up into her knees associated with numbness and tingling rated 8 out of 10 on the visual analog scale without medications and 3 to 4 out of 10 with medications. The injured worker had undergone a neurology workup with diagnosis of mild senile dementia. The physician stated that Effexor helped manage the injured worker's pain related depression and anxiety. The injured worker had more difficulty with depression and motivation with activities of daily living without Effexor. The injured worker was also being prescribed Donepezil by her psychiatrist. The treatment plan included continuing medications (Effexor, Neurontin, Nortriptyline, Synthroid, Psyllium and Celebrex). In a progress note dated 9-1-15, the injured worker's subjective complaints were unchanged with pain rated 8 out of 10. The injured worker was still receiving Donepezil from her psychiatrist. The treatment plan included continuing current medications (Effexor, Neurontin, Nortriptyline, Synthroid, Psyllium

and Celebrex) and continuing psychiatric care. On 10-26-15, Utilization Review noncertified a request for Effexor 37.5mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 37.5 mg three times a day #90, 1 refill: 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): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Based on the 9/1/15 progress report provided by the treating physician, this patient presents with chronic neck pain, bilateral knee pain, intermittent radiating pain from her feet up into her knees, and pain in upper extremities, particularly in her left upper extremity, mainly involving the bilateral shoulders and left elbow. The treater has asked for EFFEXOR 37.5 MG THREE TIMES A DAY #90, 1 REFILL on 9/1/15. The patient's diagnoses per request for authorization dated 10/29/15 are myalgia and myositis, unspecified internal derangement of knee, chronic pain syndrome. The patient reports 50-60% reduction in her pain due to use of her medications, and rates her pain as 8/10 without medications and 3-4/10 with medications per 9/1/15 report. The patient is s/p improvement of left foot pain, although she recently aggravated left foot when she struck it against something per 6/9/15 report. The patient is currently permanent and stationary and under disability retirement since April of 2004 according to 9/1/15 report. 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. The patient has been prescribed Effexor since 3/11/15 and in subsequent reports dated 6/9/15 and 9/11/15. Utilization review letter dated 10/27/15 denies request as there is minimal to no documentation of efficacy and as patient is taking Effexor along with another tricyclic antidepressant, Nortriptyline. However, the treater does document that Effexor helps to manage the patient's pain-related depression and anxiety and that the patient has more difficulty with depression and motivation with activities of daily living without Effexor per 9/1/15 report. The treater also states that Nortriptyline has benefited her neuropathic pain as well as restless leg symptoms per 9/1/15 report. As the treater has provided documentation of benefit from Effexor, continued usage appears in line with guideline recommendations. Hence, the request IS medically necessary.