

Case Number:	CM15-0035317		
Date Assigned:	03/03/2015	Date of Injury:	06/07/2011
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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, Pain Management

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 44 year old male who sustained a work related injury on June 7, 2011, incurring back injuries. He was diagnosed with degenerative lumbar disc disease. He underwent a Lumbar Laminectomy. Treatment included physical therapy, anti-inflammatory drugs, and physical therapy, antidepressants and pain medications. Currently, the injured worker complained of major depression secondary to his chronic pain and insomnia. On January 30, 2013 a request for one prescription of Effexor XR 75 mg, #60 with one refill was modified to Effexor XR 75 mg, #60 with no refills, by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 50, 61, 159.

Decision rationale: Regarding the request for this SNRI, Chronic Pain Medical Treatment Guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is evidence of monthly evaluation and the patient continues with depression and has some psychotic features. The provider is appropriately following the worker every month given the worker's severity of mood disorder. Therefore, it should follow that the pharmacologic interventions for depression should also be adjusted each month, and a 1 month supply of medication is appropriate. The original request of Effexor with 1 additional refill is not medically necessary.