

<b>Case Number:</b>	CM15-0037302		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/20/1999
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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 65-year-old male, who sustained a work/ industrial injury on 7/20/99. He has reported symptoms of improvement with depression with no current stressors. Mechanism of injury was not documented. Prior medical history included ventricular ectopy, hypertension, hypercholesterolemia, depression, restless leg syndrome, and gastroesophageal reflux disease (GERD). Surgical history included left total knee replacement. Treatments to date included therapist and cardiology. Medications included Aspirin, Crestor, Effexor XR, Nitroglycerin, Toprol XL, Carb/Levo, CoQq, and Multivitamin. The treating physician's report (PR-2) from 1/19/15 indicated the injured worker was medically stable and had no reported side effects of the medications. Depression was also reported as fairly stable. On 2/14/15, Utilization Review modify 1 prescription of Effexor EX 150mg #90 with 1 refill to 1 prescription of Effexor EX 150 mg #90 with 0 refills (between 1/19/15 and 4/13/15), citing the California Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Effexor EX 150mg #90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Effexor.

**Decision rationale:** This patient presents with stomach and knee pain. The physician is requesting ONE PRESCRIPTION OF EFFEXOR EX 150 MG QUANTITY 90 WITH ONE REFILL. The RFA from 01/19/2015 shows a request for Effexor XR 150 mg 1QD quantity 90 with additional one refill for 90 days. The patient's date of injury is from 07/20/1999 and he is currently off work. The ODG Guidelines under the Pain chapter on Effexor states, "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." The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Effexor on 01/20/2014. None of the reports from 01/20/2014 to 01/19/2015 mention medication efficacy as it relates to the use of Effexor. In this case, given the lack of functional improvement while utilizing this medication, the continued use is not warranted. The request IS NOT medically necessary.