

Case Number:	CM15-0048009		
Date Assigned:	03/20/2015	Date of Injury:	03/19/2013
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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: Connecticut, California, Virginia
 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 39 year old female, who sustained an industrial injury on 03/19/2013. She has reported subsequent right lower extremity pain, and was diagnosed with chondromalacia of the patellofemoral joint of the left knee, moderate to severe reactive depression, mild anxiety and left anterior talofibular and calcaneofibular sprain with mild Achilles tendinitis. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy and mood stabilizing medication. In a QME report dated 01/22/2015, the injured worker complained of pain in the left lower extremity. The injured worker was noted to be tearful in describing her emotional state and had endorsed a range of depressive symptoms. A request for authorization of Effexor was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

Decision rationale: The MTUS recommends Effexor (an antidepressant and a selective-serotonin and norepinephrine reuptake inhibitor) as a first-line treatment for neuropathic pain. The provided documents note that the medication is helpful per patient report, including indicating that discontinuation of the medication worsened the patient's symptoms. Utilization review modified the request because the provider requested 3 tablets per day per UR report. Per the MTUS, the initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg twice daily or 150 mg/day of the ER formula. The utilization reviewer's modification is in-line with the dosing recommendations of the MTUS, and with no further documentation of reasoning that might require a greater dosing schedule than that supported by the guidelines based on clinical symptoms, etc., the initial recommendation cannot be considered medically necessary based on the provided documents.