

Case Number:	CM15-0049026		
Date Assigned:	03/20/2015	Date of Injury:	09/18/1997
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 36 year old male, who sustained an industrial injury on 9/18/1997. He reported lifting a heavy load and injuring his neck and low back. The injured worker was diagnosed as having depression, chronic pain syndrome, cervicgia, sciatica, myalgia and myositis, neck pain, headache and insomnia. There is no record of recent diagnostic studies. Treatment to date has included rest, medical marijuana and medication management. Currently, the injured worker complains of low back pain with radicular pain in the right lower extremity and daily headaches. In a progress note dated 1/5/2015, the treating physician is requesting Venlafaxine ER and Morphine Sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 37.5mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Venlafaxine (Effexor) ER 37.5 mg #60 with two refills is not medically necessary. Effexor is an antidepressant in a group of drugs called selective serotonin norepinephrine reuptake inhibitors (SSNRI). Antidepressants are first-line option for neuropathic pain and the possibility for non-neuropathic pain. Effexor is FDA approved for anxiety, depression, panic disorder and social phobias. Off label uses, include fibromyalgia, neuropathic pain and diabetic neuropathy. In this case, the injured worker's working diagnoses are neck pain; headache; sciatica; an aneurysm. Subjectively, the injured worker complains of chronic headaches, neck pain, and low back pain with right lower extremity symptoms. Documentation from a November 14, 2014 progress note states the injured worker was not attaining objective functional improvement with ongoing Norco. A clinical trial of Effexor (Venlafaxine) and a sustained release narcotic were ordered. Venlafaxine is an antidepressant FDA approved for anxiety, depression, panic disorder and social phobias. It has an off label use for neuropathic pain. There is no documentation of objective functional improvement during the trial period, November 14, 2014 through January 5, 2015. The VAS pain scale was 5/10 and there was no objective functional improvement noted. Consequently, absent clinical documentation with objective functional improvement pursuant to an off label indication for Venlafaxine for neuropathic pain and a VAS pain score 5/10, Venlafaxine (Effexor) ER 37.5 mg #60 with two refills is not medically necessary.

Morphine Sulfate ER 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Monitoring Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate ER 15 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain; headache; sciatica; an aneurysm. Subjectively, the injured worker complains of chronic headaches, neck pain, and low back pain with right lower extremity symptoms. Documentation from a November

14, 2014 progress note states the injured worker was not attaining objective functional improvement with ongoing Norco and a clinical trial of Effexor (Venlafaxine) and a sustained release narcotic was ordered. The sustained release narcotic drug was not specifically mentioned by name but the request for authorization states Morphine sulfate extended release was requested. A follow-up progress note dated January 5, 2015 shows the treating physician requested Butrans and Effexor. There was no discussion or mention of Morphine sulfate extended release (a sustained-release narcotic). There is no clinical indication/rationale, in the November 14, 2014 progress note, for Butrans. Consequently, absent clinical documentation for Morphine sulfate extended release in a progress note dated November 14, 2014, Morphine sulfate extended release 15 mg #60 is not medically necessary.