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| <b>Case Number:</b>   | CM15-0050820 |                              |            |
| <b>Date Assigned:</b> | 03/24/2015   | <b>Date of Injury:</b>       | 10/03/2012 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2015 |

### 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 58-year-old female who sustained a work related injury on October 3, 2012, after a door struck her, causing facial and head injuries. She was diagnosed with chronic pain syndrome, cervical spondylosis without myelopathy, and chronic post traumatic headache. Treatment included pain medications, neuropathy medications, anti-inflammatory drugs, myofascial therapy, and cognitive behavioral therapy sessions. Magnetic Resonance Imaging (MRI) revealed cervical lordosis, and cervical degenerative disc disease. Currently, the injured worker complained of persistent headaches and cervical pain. The treatment plan that was requested for authorization included prescriptions for Venlafaxine ER 37.5 mg and Venlafaxine 150 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venlafaxine ER 37.5 MG Qty 42:** Overturned

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

**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 #42 is 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 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 chronic pain syndrome; major depressive disorder; and conversion disorder. The injured worker self titrated prior treatment with Cymbalta and sustained adverse effects that require discontinuation of Cymbalta. The treating physician then initiated treatment with Venlafaxine (Effexor) ER 37.5 mg #42. Utilization review indicates Venlafaxine (Effexor) ER 37.5 mg #42 was approved. Consequently, according to the utilization review, Venlafaxine (Effexor) ER 37.5 mg #42 is medically necessary.

**Venlafaxine 150 MG Qty 210:** Upheld

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

**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) 150 mg with 6 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 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 chronic pain syndrome; major depressive disorder; and conversion disorder. The injured worker self titrated prior treatment with Cymbalta and sustained adverse effects that require discontinuation of Cymbalta. The treating physician then initiated treatment with Venlafaxine (Effexor) ER 37.5 mg #42. Utilization review indicates Venlafaxine (Effexor) ER 37.5 mg #42 was approved. After the initial trial with Venlafaxine (Effexor) ER 37.5 mg #42, the treating physician prescribed Venlafaxine (Effexor) 150 mg with six refills (according to the request for authorization). When starting a new medication, follow-up to determine objective functional improvement is appropriate before subsequent refills are dispensed to the injured worker. The request for authorization contains a six refills which exceeds the recommended guidelines for determining objective functional improvement. Although Venlafaxine (Effexor) 150 mg is an appropriate selective serotonin norepinephrine reuptake inhibitors (SSNRI), the six refills are not clinically indicated. Consequently, Venlafaxine (Effexor) 150 mg # 6 refills is not medically necessary.

