

Case Number:	CM15-0055775		
Date Assigned:	04/01/2015	Date of Injury:	07/10/2010
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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: Emergency 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 54 year old male with an industrial injury dated July 10, 2010. The injured worker diagnoses include post concussive syndrome, cervical disc bulge and lumbar degenerative disc disease. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/05/2015, the injured worker reported neck, low back and left knee pain. Pain is 8/10. Objective findings revealed positive left McMurray's sign and pain over the left medial joint line. Patient is noted to be on Zoloft, Miralax, Cialis, Flexeril, Topamax, Anaprox and Ultram. Documentation states that Effexor has helped improved patient's mood but no other details concerning neuropathoc pain. Notes mention that Ultram improves pain by 80% and leads to improve function for up to 2hours. Review of records show consistent pain on current therapy with no significant change from prior progress notes. The treating physician prescribed Effexor and Ultram now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 37.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-16.

Decision rationale: Effexor is Venlafaxine, an SNRI-type antidepressant. As per MTUS Chronic pain guideline, antidepressants for chronic and neuropathic pain may be considered. Tricyclic antidepressants are considered 1st line and SNRIs are considered 2nd line. SSRIs are considered 3rd line and has poor evidence to show efficacy in chronic pain or neuropathic pain. MTUS guideline requires documentation of treatment efficacy, which include evaluation of function, changes in analgesic use, sleep and psychological assessment. The provider has failed to document anything to support use of Effexor. There is minimal objective documentation of improvement in mood. There is no appropriate documentation as to why a 2nd line medication is being used for neuropathic pain and there is no appropriate documentation of efficacy. Effexor is not medically necessary.

Ultram 50 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation documents pain improvement and length of improvement and appropriate documentation of objective improvement. There is note about a pain contract, monitoring of CURES and screening for abuse. Patient's pain is stable on current therapy. Tramadol is low risk for abuse. Documentation meets MTUS guidelines for chronic opioid use. Ultram is medically necessary.