

<b>Case Number:</b>	CM15-0082735		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old male who sustained a work related injury May 27, 2011. According to a secondary physician's progress report, dated December 30, 2014, the injured worker presented for an injection evaluation. He complains of back and right lower extremity pain. On December 16, 2014, he underwent bilateral sacroiliac joint blocks. The left leg component is improved and the right leg pain is unchanged. His physical examination reveals no motor or sensory deficits in the lower extremities, although the injured worker describes numbness and tingling in the right leg all the way down the posterior aspect. Diagnoses are lumbar degenerative disc disease, diffuse; intraforaminal disc protrusion on the right and left at L5-S1; facet arthropathy, L4-5 and L5-S1; sacroiliac joint dysfunction, left greater than right. At issue, is the request for retrospective Venlafaxine (Effexor XR).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Venlafaxine (Effexor XR) 37.5mg oral 24 hour SR cap #30 (unknown dos):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 16.

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

**Decision rationale:** The claimant is more than four years status post work-related injury and continues to be treated for chronic right leg pain with numbness and tingling. When seen, he had an antalgic gait with positive right straight leg raising. There was decreased lumbar extension with paraspinal muscle tenderness. Medications included Effexor and Norco. Antidepressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Venlafaxine (Effexor) is used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy with a maximum daily dose of 300 mg per day. In this case, the claimant has chronic neuropathic pain and the requested dose is within recommended guidelines. Therefore, this medication was medically necessary.