

Case Number:	CM15-0086971		
Date Assigned:	05/11/2015	Date of Injury:	08/22/2009
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old female, who sustained an industrial injury on 8/22/2009. The current diagnosis is low back pain with radiculopathy. According to the progress report dated 4/1/2015, the injured worker complains of low back pain with radicular symptoms into her left lower extremity. The pain is rated 3/10 with medications and 8/10 without. The current medications are Norco, Zoloft, and Omeprazole. She states at this time of the year, her mood is more depressed, and the Zoloft, she is not sure if it is helping that much or not. Treatment to date has included medication management and psychological counseling. The plan of care includes prescription for Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75mg per 04/01/2015 order. Qty: 30: 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 Pain Interventions and Treatments Page(s): 15-16.

Decision rationale: Venlafaxine is classified as a serotonin and norepinephrine reuptake inhibitor, commonly used as an antidepressant. MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS further details "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." And "Dosing: Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. (Maizels, 2005) (ICSI, 2007) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." The treating physician does indicate failure of first-line agents and does indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. The patient failed a trial of Cymbalta and Zoloft was discontinued due to UR Review. The patient also has a pending Psychiatric evaluation and should continue with Effexor at this time. As such, the request for Effexor 75mg per 04/01/2015 order. Qty: 30 is medically necessary.