

Case Number:	CM14-0137723		
Date Assigned:	09/05/2014	Date of Injury:	03/21/2007
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 179 pages provided for this review. The application for independent medical review was signed on August 26, 2014. It was for Effexor XR 150 mg number 30 with three refills modified to one prescription of Effexor XR 150 mg number eight. Per the records provided, the patient was described as a 52-year-old female injured back in the year 2007. The patient is being treated for chronic pain. As of July 29, 2014, there was a normal neurologic exam and pain behaviors. She was obese and had normal musculoskeletal findings. Effexor is not working well and the patient wants to detoxify. Previous documentation indicated that the patient had been tapering Effexor. It is recommended as a first-line treatment for neuropathic pain as well as an option for depression and anxiety. Withdrawal effects from Effexor can be severe and guidelines therefore recommend weaning. Continue treatment is appropriate for the sole purpose of weaning. It is for neuropathic pain, depression and anxiety. However the provided documentation notes that the patient no longer benefits from it and wishes to detoxify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 150mg, qty 30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: I did not find Effexor in the MTUS being used in this claimant's capacity. Regarding antidepressants to treat a major depressive disorder, the ODG notes, recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It can be used for chronic pain, but it is not clear what the objective benefit out of that usage had been. Moreover, it is not clear if this claimant has a major depressive disorder. Moreover, the patient wishes to discontinue the medicine, and so the need for the request is not established. The request is not medically necessary.