

Case Number:	CM14-0141169		
Date Assigned:	09/10/2014	Date of Injury:	04/06/2007
Decision Date:	10/27/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 Preventative 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:

According to the records made available for review, this is a 27-year-old female with a 4/6/07 date of injury. At the time (10/1/14) of request for authorization for Venlafaxine ER 75mg, #30 and Venlafaxine ER 150mg, #30, there is documentation of subjective (constant severe neck pain radiating to the upper extremity and upper back; mid back pain, lower back pain, pain all over body, and depression) and objective (lumbar myofascial tenderness to palpation) findings, current diagnoses (closed fracture of the hip, sacroiliac strain, lumbar degenerative disc disease, depression, and chronic pain), and treatment to date (trigger point injections and ongoing therapy with Venlafaxine). 10/17/14 medical report identifies a request for 2 dosages of Venlafaxine (75mg and 150mg) as the maximum dose allowed is 225mg/day. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Venlafaxine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 75mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 16;123. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of anxiety, depression, panic disorder, social phobias, or neuropathic pain, as criteria necessary to support the medical necessity of Venlafaxine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of closed fracture of the hip, sacroiliac strain, lumbar degenerative disc disease, depression, and chronic pain. In addition, there is documentation of depression and neuropathic pain. However, given documentation of ongoing treatment with Venlafaxine and subjective findings (chronic and constant severe pain), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Venlafaxine. Therefore, based on guidelines and a review of the evidence, the request for Venlafaxine ER 75mg, #30 is not medically necessary.

Venlafaxine ER 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 16;123. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of anxiety, depression, panic disorder, social phobias, or neuropathic pain, as criteria necessary to support the medical necessity of Venlafaxine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of closed fracture of the hip, sacroiliac strain, lumbar degenerative disc disease, depression, and chronic pain. In addition, there is documentation of depression and neuropathic pain. However, given documentation of ongoing treatment with Venlafaxine and subjective findings (chronic and constant severe pain), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Venlafaxine. Therefore, based on guidelines and a review of the evidence, the request for Venlafaxine ER 150mg, #30 is not medically necessary.